

Disclosure Report Cover

Amendment

Yes

No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information

1. Committee Information

a. Full Name	c. ID Number		
Committee to Elect Zagaroli For Hickory Alderman Ward 5			
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
970 18 th Ave Cir NW Hickory, NC 28601	09/29/2025		
	e. Phone Number		
	828-217-8228		

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	07/08/2025	09/22/2025	David P. Zagaroli

6. Type of Committee (Check One)	9. Type of Report (check only one type of report from one category)			
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input checked="" type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)				10. Special Report Name
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
1				

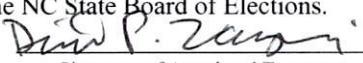
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Peoples Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Checking	DPZ		d. Period Begin Balance
	d. Period Begin Balance		
	\$ 0.00		

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

David P. Zagaroli

Printed Name of Signer



Signature of Appointed Treasurer

09/29/2025

Date

FOR OFFICE USE ONLY

Date Received:		Employee:	Delivery Method
Date Postmarked:		Employee:	<input type="checkbox"/> Normal Mail
Date Scanned:		Employee:	<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee:	<input type="checkbox"/> Hand Delivered
			<input type="checkbox"/> Electronically Filed
			<input type="checkbox"/> Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Committee to Elect Zagaroli For Hickory Alderman Ward 5	Pre-Primary	
Start of Election Cycle: <u>January 1, 2025</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 0.00	\$ 0.00
RECEIPTS		
5) Aggregated Contributions from Individuals <i>(CRO-1205)</i>	\$	\$
6) Contributions from Individuals <i>(CRO-1210)</i>	\$ 2,362.00	\$ 2,362.00
7) Contributions from Political Party Committees <i>(CRO-1220)</i>	\$	\$
8) Contributions from Other Political Committees <i>(CRO-1230)</i>	\$	\$
9) Loan Proceeds <i>(CRO-1410)</i>	\$	\$
10) Refunds/Reimbursements To the Committee <i>(CRO-1240)</i>	\$	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts <i>(CRO-1250)</i>	\$	\$
11b) Contributions from Not-for-Profit Organizations <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income <i>(CRO-1250)</i>	\$	\$
11d) Legal Expense Fund – Other Sources <i>(CRO-1270)</i>	\$	\$
11 e) Exempt Purchase Price Sales <i>(CRO-1265)</i>	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 2,362.00	\$ 2,362.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures <i>(CRO-1310)</i>	\$ 2,108.46	\$ 2,108.46
13b) Contributions to Candidates/Political Committees <i>(CRO-1310)</i>	\$	\$
13c) Coordinated Party Expenditures <i>(CRO-1310)</i>	\$	\$
14) Aggregated Non-Media Expenditures <i>(CRO-1315)</i>	\$	\$
15) Loan Repayments <i>(CRO-1420)</i>	\$	\$
16) Refunds/Reimbursements From the Committee <i>(CRO-1320)</i>	\$	\$
17) In-Kind Contributions <i>(CRO-1510)</i>	\$ 12.00	\$ 12.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 2,108.46	\$ 2,108.46
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 241.54	\$ 241.54
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees <i>(CRO-1330)</i>	\$	
21) Outstanding Loans (incl. ones from other campaigns) <i>(CRO-1430)</i>	\$	
22) Debts and Obligations owed By the Committee <i>(CRO-1610)</i>	\$	
23) Debts and Obligations owed To the Committee <i>(CRO-1620)</i>	\$	
24) Account Transfers Within the Committee <i>(CRO-1720)</i>	\$	
25) Administrative Support <i>(CRO-1710)</i>	\$	\$
26) Forgiven Loans <i>(CRO-1440)</i>	\$	\$
27) 48-Hour Notice Reports Sum <i>(CRO-2220)</i>	\$	\$
28) Contributions to be Refunded <i>(CRO-1215)</i>	\$	\$

Contributions from Individuals

Pg 1 of 2 Amendment Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Zagaroli for Hickory Alderman Ward 5					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession No Profession	d. Comments e. Election Sum to Date \$ 250.00	
Donald W Norwood P.O Box 2101 Hickory, NC 28603 828-301-0823			c. Employer's Name/Specific Field Not Employed		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	DPZ	Check		09/04/2025	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession No Profession	d. Comments e. Election Sum to Date \$ 500.00	
Judith Tarlton 944 18 th Ave Dr NW Hickory, NC 28601 828-381-6848			c. Employer's Name/Specific Field Not Employed		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	DPZ	Check		09/08/2025	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession President	d. Comments e. Election Sum to Date \$ 1000.00	
Wade Moose 1070 Country Club Rd Newton, NC 28658 828-381-1477			c. Employer's Name/Specific Field Systems Depot		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	DPZ	Check		09/11/2025	\$ 1000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 1750.00
5. Total of ALL CRO-1210 Pages					\$ 2362.00
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

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Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Zagaroli for Hickory Alderman Ward 5					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Bill Pitts 330 7 th Ave NE Hickory, NC 28601 828-234-5422		Owner			
		c. Employer's Name/Specific Field			
		Viewmont Pharmacy			
				e. Election Sum to Date	
				\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	DPZ	Check		09/22/2025	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Dave Zagaroli 970 18 th Ave Cir NW Hickory, NC 28601 828-217-7228		No Profession			
		c. Employer's Name/Specific Field			
		Not Employed			
				e. Election Sum to Date	
				\$ 512.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	DPZ	Check		09/22/2025	\$ 500.00
<input type="checkbox"/>		In-Kind	Filing Fee	07/08/2025	\$ 12.00
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 612.00	
5. Total of ALL CRO-1210 Pages				\$ 2362.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Disbursements

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Amendment

Yes

No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)					2. ID Number
Committee to Elect Zagaroli for Hickory Alderman 5					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Allegra Print-Marketing-Mail 337 Main Ave NE Hickory, NC 28601 828-322-3981			b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					e. Election Sum to Date
					\$ 2,108.46
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DPZ	Check	B	09/22/2025	\$2,108.46	Mailers
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Allegra Print-Marketing-Mail 337 Main Ave NE Hickory, NC 28601 828-322-3981			b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Allegra Print-Marketing-Mail 337 Main Ave NE Hickory, NC 28601 828-322-3981			b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 2,108.46
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 2,108.46
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

In-Kind Contributions

Pg 1 of 1 Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number
Committee to Elect Zagaroli for Hickory Alderman Ward 5		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p> <p>David P. Zagaroli 970 18th Ave Cir NW Hickory, NC 28601</p>	b. Type of Contributor	c. Comments
	<input type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
	<input type="checkbox"/> Referendum	
	<input type="checkbox"/> Other Receipt Source	
d. Election Sum to Date		\$ 512.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Filing Fee	07/08/2025	\$ 12.00
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p>	b. Type of Contributor	c. Comments
	<input type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
	<input type="checkbox"/> Referendum	
	<input type="checkbox"/> Other Receipt Source	
d. Election Sum to Date		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p>	b. Type of Contributor	c. Comments
	<input type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
	<input type="checkbox"/> Referendum	
	<input type="checkbox"/> Other Receipt Source	
d. Election Sum to Date		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		\$ 12.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 12.00