

# Disclosure Report Cover

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

Amendment  
☐ Yes ☒ No

<b>1. Committee Information</b>	
<b>a. Full Name</b> Committee to Elect Zagaroli for Hickory Alderman	<b>c. ID Number</b>
<b>b. Mailing Address (include City, State and Zip Code)</b> 970 18 <sup>th</sup> Ave Cir NW Hickory, NC 28601	<b>d. Date Filed</b> 12/01/2025
	<b>e. Phone Number</b> 828-217-7228

<b>2. Report Year</b> 2025	<b>3. Period Start Date (mm/dd/yy)</b> 09/23/2025	<b>4. Period End Date (mm/dd/yy)</b> 12/01/2025	<b>5. Treasurer Full Name</b> David P. Zagaroli
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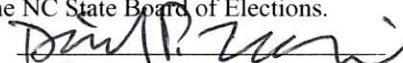
<b>6. Type of Committee (Check One)</b> <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	<b>9. Type of Report (check only one type of report from one category)</b>		
	<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input 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 checked="" type="checkbox"/> Final <input type="checkbox"/> Special	<b>State/County</b> <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	<b>Referendum</b> <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
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
<b>8. Number of Fundraisers this Report</b> 0			

<b>11. Account Information</b>		<b>11. Account Information</b>	
<b>a. Financial Institution Full Name</b> Peoples Bank		<b>a. Financial Institution Full Name</b>	
<b>b. Purpose</b> Campaign Acct	<b>c. Account Code</b> DPZ	<b>b. Purpose</b>	<b>c. Account Code</b>
	<b>d. Period Begin Balance</b> \$ 241.54		<b>d. Period Begin Balance</b> \$

**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

12/01/2025  
Date

**FOR OFFICE USE ONLY**

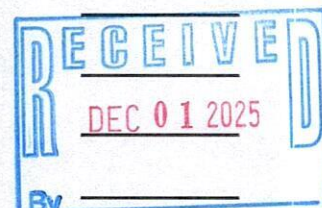
Date Received: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_

**Delivery Method**  
☐ Normal Mail  
☐ Registered Mail  
☐ Hand Delivered  
☐ Electronically Filed  
☐ 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

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. Type of Report</b>		<b>3. ID Number</b>	
Committee to Elect Zagaroli for Hickory Alderman Ward 5		Final Report			
<b>Start of Election Cycle:</b>		<b>January 1,</b>		<b>2025</b>	
		<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>	
4) Cash on Hand at Start		\$ 241.54		\$	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$		\$ 2,362.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$		\$	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 0.00		\$ 2,362.00	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$		\$ 2,108.46	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ 241.54		\$ 241.54	
17) In-Kind Contributions (CRO-1510)		\$		\$ 12.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 241.54		\$ 2362.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0.00		\$ 0.00	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	



# Refunds/Reimbursements From the Committee

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Amendment  
☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Committee to Elect Zagaroli for Hickory Alderman					
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
Dave Zagaroli 970 18 <sup>th</sup> Ave Cir NW Hickory, NC 28601 828-234-5422			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		09/22/2025
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 500.00
			<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
					\$ 512.00
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>k. Account Code</b>	
No Profession		Not Employed		DPZ	
<b>l. Form of Payment</b>		<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
Draft		Close Account		12/01/2025	\$ 241.54
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
			<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
					\$
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>k. Account Code</b>	
<b>l. Form of Payment</b>		<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
					\$
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
			<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
					\$
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>k. Account Code</b>	
<b>l. Form of Payment</b>		<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
					\$
<b>4. Total only this Page</b>					\$ 241.54
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 16 of Detailed Summary Page CRO-1100)					\$ 241.54
L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit P* - Reimbursement of In-Kind      O* Other					
* Codes require detailed explanation in required remarks field (m)					