

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 Ronn Abernathy for County Commissioner	c. ID Number
b. Mailing Address (include City, State and Zip Code) PO Box 705 Maiden, NC 28650	d. Date Filed 05/06/2022
	e. Phone Number 828-244-1388

2. Report Year 2022	3. Period Start Date (mm/dd/yy) 03/04/2022	4. Period End Date (mm/dd/yy) 04/30/2022	5. Treasurer Full Name Ronn Abernathy
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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"/> Party	Municipal		State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		

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

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.

Ronn Abernathy

Printed Name of Signer

Signature of Appointed Treasurer

05/06/2022
Date

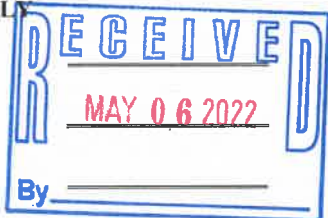
FOR OFFICE USE ONLY

Date Received:

Date Postmarked:

Date Scanned:

Date Data Entered:



Employee: _____

Employee: _____

Employee: _____

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
 Yes No

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	
Ronn Abernathy for County Commissioner		First Quarter Plus			
Start of Election Cycle: January 1, 2022			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 0.00		\$ 0.00
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)	\$		\$
6) Contributions from Individuals		(CRO-1210)	\$ 1,826.00		\$ 1,826.00
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)			\$ 1,826.00		\$ 1,826.00
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)	\$ 1,455.01		\$ 1,455.01
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)	\$		\$
17) In-Kind Contributions		(CRO-1510)	\$ 126.00		\$ 126.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 1,581.01		\$ 1,581.01
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 244.99		\$ 244.99
ADDITIONAL INFORMATION					
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)	\$		\$

Contributions from Individuals

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	
Ronn Abernathy for County Commissioner						
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	
Ronn Abernathy PO Box 705 Maiden, NC 28650			Chief Court Counselor/D25			
			c. Employer's Name/Specific Field			
			NC Dept of Public Safety Division of Juvenile Justice+Delinquency Prevention		e. Election Sum to Date	
					\$ 1,326.00 ~	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>		In-Kind	Filing Fee	03/04/2022		\$ 126.00
<input type="checkbox"/>	SLICK	Transfer		03/10/2022		\$ 500.00
<input type="checkbox"/>	SLICK	Transfer		03/28/2022		\$ 700.00
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	
Ronn Abernathy PO Box 705 Maiden, NC 28650			Chief Court /Counselor?D25			
			c. Employer's Name/Specific Field			
			NC Dept of Public Safety		e. Election Sum to Date	
					\$ 1,826.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	SLICK	Transfer		04/11/2022		\$ 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		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					\$ 1,826.00	
5. Total of ALL CRO-1210 Pages					\$ 1,826.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Disbursements

Pg 1 of 1 Ron

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
Ron Abernathy for County Commissioner					
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>			b. Coordinated Committee Name		d. Comments
Tractor Supply 3250 Hwy 70 Southwest Newton, NC 28650					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		e. Election Sum to Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 88.86
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
SLICK	Check	O	03/29/2022	\$44.43	POSTS FOR SIGNS
SLICK	Check	O	04/11/2022	\$44.43	POSTS FOR SIGNS
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
Wallace Printing 2032 Fairgrove Ch Rd Se PO Box 1238 Newton, NC 28658					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		e. Election Sum to Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 1366.15
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
SLICK	Check	B	03/28/22	\$909.50	SIGNS
SLICK	Check	B	04/11/2022	\$456.65	SIGNS AND BUSINESS CARDS
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
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					\$ 1,455.01
6. Total of ALL CRO-1310 Pages					\$ 1,455.01
<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>					
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

In-Kind Contributions

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	
Ronn Abernathy for County Commissioner			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Ronn Abernathy PO Box 705 Maiden, NC 28650		<input type="checkbox"/> Individual <input checked="" 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
			\$ 126.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Filing Fee		03/04/2022	\$ 126.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		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			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		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			\$ 126.00
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 126.00