

01/11/23

# 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 <b>RONN ABERNATHY FOR COUNTY COMMISSIONER</b>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <b>RONN ABERNATHY PO Box 705 MAIDEN NC 28650</b>	d. Date Filed <b>01/11/2023</b>
	e. Phone Number <b>828-244-1388</b>

2. Report Year <b>2022</b>	3. Period Start Date (mm/dd/yy) <b>10/23/2022</b>	4. Period End Date (mm/dd/yy) <b>12/31/2022</b>	5. Treasurer Full Name <b>RONN ABERNATHY</b>
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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	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<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 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 checked="" 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		a. Financial Institution Full Name	
b. Purpose <b>CAMPAIGN ACCOUNT</b>	c. Account Code <b>SLKK</b>	b. Purpose	c. Account Code
	d. Period Begin Balance <b>\$ 2,175.39</b>		d. Period Begin Balance <b>\$</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.

RONN ABERNATHY      [Signature]      01/10/2023  
Printed Name of Signer      Signature of Appointed Treasurer      Date

FOR OFFICE USE ONLY		Delivery Method	
Date Received:	Employee: _____	<input type="checkbox"/> Normal Mail	
Date Postmarked:	Employee: _____	<input type="checkbox"/> Registered Mail	
Date Scanned:	Employee: _____	<input type="checkbox"/> Hand Delivered	
Date Data Entered:	Employee: _____	<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.

01/11/23

 Amendment  
 Yes  No

## 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	
Start of Election Cycle: <b>January 1,</b>		<b>2022</b>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start				\$ <b>2,175.39</b>	\$
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$		\$	
6) Contributions from Individuals	(CRO-1210)	\$	<b>577.19</b>	\$	<b>4,634.89</b>
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)	\$	<b>.30</b>	\$	<b>.64</b>
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)				\$ <b>577.49</b>	\$ <b>4,635.53</b>
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	<b>00.00</b>	\$	<b>1,756.65</b>
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)	\$		\$	<b>126.00</b>
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)				\$ <b>00.00</b>	\$ <b>1,882.65</b>
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)				\$ <b>2,752.88</b>	\$ <b>2,752.88</b>
<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)	\$		\$	

1/10/23

# Contributions from Individuals

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

<b>1. Committee Full Name (and Fund if applicable)</b>	<b>2. ID Number</b>
RONN ABERNATHY FOR COUNTY COMMISSER	

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Job Title/Profession</b>	<b>d. Comments</b>	
RONN ABERNATHY PO Box 705 MAIDEN, NC 28650	CHIEF COURT COUNSELOR		
	<b>c. Employer's Name/Specific Field</b>	<b>e. Election Sum to Date</b>	
	NC DEPT OF PUBLIC SAFETY DIVISION OF JUVENILE JUSTICE & DELINQUENCY PREVENTION		
		\$ 4,450.19	

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		10/31/2022	\$ 184.70
<input type="checkbox"/>	SLICK	TRANSFER		11/30/2022	\$ 184.70
<input type="checkbox"/>	SLICK	TRANSFER		12/31/2022	\$ 207.79

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Job Title/Profession</b>	<b>d. Comments</b>	
	<b>c. Employer's Name/Specific Field</b>	<b>e. Election Sum to Date</b>	
		\$	

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"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Job Title/Profession</b>	<b>d. Comments</b>	
	<b>c. Employer's Name/Specific Field</b>	<b>e. Election Sum to Date</b>	
		\$	

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"/>					\$

<b>4. Total only this Page</b>	\$ 577.19
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 577.19

### Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
<b>3. Type of Receipt Source</b> <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>							
<input type="checkbox"/> Interest		<input type="checkbox"/> Contributions from Not-for-Profit Organizations			<input type="checkbox"/> Outside Sources of Income		
<b>4. Contributor Information</b>						<input type="checkbox"/> Add <input type="checkbox"/> Remove	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Not-for-Profit Federal ID #</b>		<b>d. Comments</b>	
PEOPLES BANK 200 ISLAND FORD RD. MAIDEN, NC 28650						<b>c. Outside Source Explanation</b>	
						<b>e. Election Sum to Date</b>	
						\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>		<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>		
SLICK	INTEREST EARNED DEPOSIT			10/31/22	\$ .09		
				11/30/22	\$ .10		
<b>4. Contributor Information</b>						<input type="checkbox"/> Add <input type="checkbox"/> Remove	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Not-for-Profit Federal ID #</b>		<b>d. Comments</b>	
- SAME -						<b>c. Outside Source Explanation</b>	
						<b>e. Election Sum to Date</b>	
						\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>		<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>		
SLICK	INTEREST EARNED DEPOSIT			12/31/22	\$ .11		
					\$		
<b>4. Contributor Information</b>						<input type="checkbox"/> Add <input type="checkbox"/> Remove	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Not-for-Profit Federal ID #</b>		<b>d. Comments</b>	
						<b>c. Outside Source Explanation</b>	
						<b>e. Election Sum to Date</b>	
						\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>		<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>		
					\$		
					\$		
<b>5. Total only this Page</b>						\$ .30	
<b>6. Total of ALL CRO-1250 Pages</b>						\$ .30	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i>							
<i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i>							
<i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>							