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  a. Full Name  Elect Ronn Abernathy for Catawba County School Board  b. Milling Addrass (include City, State and Zip Cade)  By	Disclosure Re	port Cover						Amendment
Committee Information   Supplies Information   Supplies   Suppli	Use this form for ger	Yes No						
Serial Institution Full Name   Cartaviba Country   School Board   SDUZET	Do not use this form	to update information	90-76 		orginea ann	a sabimite	a along with c	diei detailed forms.
Elect Roan Abernathy for Catawba County   SDU2ET		mation					<b>第378 数13</b> 4	2000年中央1000年代的1000年代
School Board   Mailing Address include City, State and Zip Code)	The second secon					ח תו הו		c. ID Number
Audien NC 28650   By	School Board							
Assistant No. 28650   By   By   By   By   By   By   By   B		ude City, State and Zip Code)			JAN 11	2017		d. Date Filed
2. Report Year 3. Period Start Date (mm/ddyy) 4. Period End Date (mm/ddyy) 5. Treasurer Full Name  2.016 10/27/2016 12/31/2016 Ronn Abernathy  2. Type of Committee (Check One) 9. Type of Report (check only and type of report) on one category)  2. Candidate Campaign Puty Municipal State County Referendum Capable Refe				100		L		01/11/2017
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name (mm/dd/yy) 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category)    Candidate Campaign	Walden NC 28030			By_			_	20175AE-9674************************************
2. Report Year   3. Period Start Date (min/ddyy)   2. Treasurer Full Name (min/ddyy)   2. Treasurer				Scanding		AND DESCRIPTION OF THE PARTY OF	annual .	e. Phone Number
2016   10/27/2016   12/31/2016   Ronn Abernathy								828-244-1388
Constitute   Con	2. Report Year	3. Period Start Date (mm/c			End Date	5. T	reasurer Full	Name
6. Type of Committee (Check Onc)    Candidate Campaign	2016	10/27/2016			31/2016	Ror	nn Abernathy	
Candidate Campaign	6 Type of Committee			3000000			745 con Frenches and a real	AN STREET, COLUMN AND AND AND AND AND AND AND AND AND AN
PAC							type of report	
Independent   Joint Fundraiser   Thirty-five day   Quarterly   Pre-referendum	DOLLAR DESCRIPTION OF THE PROPERTY OF THE PROP						rational	
Legal Expense Fund     Pro-primary   First   Final   Supplemental Final   Annual   Special   Semi-annual   Fourth   Special		Joint Fundraiser						
Pre-primary   First   Supplemental Final   Supplemental Final Pourtal   Supplemental Final   Supplemental Final Pourtal   Supplemental Final Pourtal   Sup			٠ ا	mity me day	,	Quarter	iy	Pre-referendum
Building Fund			□ Р	re-primary	16	l Fi	rst	Final
Building Fund   Pre-funoff   Third   Annual   Special			□ P					
Other:	Building Fund					] Ti	nird	
Other:			l □ s					Special
8. Number of Fundraisers this Report	Other:		H			*Contraction of Associ		10 C ID
Special   Final   Special   Special   Final   Final   Special   Final			☐ F			1		10. Special Report Name
11. Account Information   a. Financial Institution Full Name   Peoples Bank   Peoples Bank   Peoples Bank   Period Begin Balance   Peri	8. Number of Fundra	aisers this Report	□ s	pecial		0.000 0.00	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Repair   R						Special		
Description		A COLOR OF THE PROPERTY OF THE	社會問題	學的社會	11. Accou	nt Inform	nation	The state of the s
Description   C. Account Code   D. Purpose   C. Account Code		ıll Name		other other	a. Financial	Institution	Full Name	
Campaign Account  RMA  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?  Ronn Abernathy Printed Name of Signer  Signature of Appointed Trusturer  Delivery Method Normal Mail Date Postmarked: Employee: Delivery Method Normal Mail Pate Postmarked: Employee: Date Scanned: Employee: Date Scanned: Employee: Date Date 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.		a Assaunt Code	Western State of the	APARTA AND ESTABLE	Transfer and the	1587 A 19 10 15 4 4 15 1	-Nacl. 500 has a market on the	
Account    Account   RMA					b. Purpose			c. Account Code
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 Trusturer  Printed Name of Signer  Signature of Appointed Trusturer  Date  FOR OFFICE USE ONLY  Date Received:  Employee:  Delivery Method  Normal Mail  Registered Mail  Hand Delivered  Employee:  Employee:  Date Scanned:  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.		RM	A					
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  Printed Name of Signer  Signature of Appointed Trusturer  Printed Name of Signer  Signature of Appointed Trusturer  Date  FOR OFFICE USE ONLY  Date Received:  Employee:  Delivery Method  Normal Mail  Registered Mail  Hand Delivered  Hand Delivered  Employee:  Employee:  Date Scanned:  Employee:  Employee:  Date Data Entered:  Employee:  Date This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.		d. Period Begin Balance						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  Printed Name of Signer  Employee:  Delivery Method  Normal Mail  Registered Mail  Hand Delivered  Date Postmarked:  Employee:  Date Scanned:  Employee:  Employee:  Date Scanned:  Employee:  Date Date 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.		\$ 0.00						•
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 Flections?    Ronn Abernathy	CEDTIFICATION		ac sign magains		BATTAN STATE		V	3
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 Edections.  Ronn Abernathy  Printed Name of Signer  Signature of Appointed Treasurer  Date  FOR OFFICE USE ONLY  Date Received:  Employee:  Delivery Method  Normal Mail  Registered Mail  Hand Delivered  Hand Delivered  Date Scanned:  Employee:  Date Data Entered:  Employee:  Date Data Entered:  Employee:  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.		mitton on Franciscia assessit				ACTIVITIES 1		
Ronn Abernathy Printed Name of Signer  Bend Office USE ONLY  Date Received:  Employee:  Employee:  Date Postmarked:  Employee:  Employee:  Date Scanned:  Employee:  Employee:  Employee:  Date Received:  Employee:  Date Received:  Employee:  Date Received:  Employee:  Date Postmarked:  Employee:  Date Scanned:  Employee:  Date Scanned:  Employee:  Date Scanned:  Employee:  Date 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.	the NC General Statut	es and that no funds are con	ince With mmingled	an appucat	bie provisio	ons of Arti	cle 22A, 22B,	& 22D-22M of Chapter 163 of
Ronn Abernathy Printed Name of Signer Signature of Appointed Treasurer Signature of Appointed Treasurer  FOR OFFICE USE ONLY  Date Received:  Date Received:  Employee:  Employee:  Delivery Method Normal Mail Registered Mail Hand Delivered Hand Delivered Employee:  Date Scanned:  Employee:  Date Data Entered:  Employee:  Employee:  Date Data Entered:  Employee:  Date Scanned:  Employee:  Employee:  Date Data Entered:  Employee:  Date Data Entered:  Employee:  Date Scanned:  Employee:  Date Data Entered:  Employee:  Employee:  Date Data Entered:  Employee:  Employee:  Date Data Entered:  Employee:  Data Entered:  Employee:  Data Entered:  Da	is complete, true and o	correct and that I have been	trained by	y the NC S	tate Board	of Edection	sciosca ranas. 189	Turner certify that this report
FOR OFFICE USE ONLY  Date Received:  Employee:  Employee:  Employee:  Delivery Method  Normal Mail  Registered Mail  Hand Delivered  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.	Ronn Aberna	nthy		1	(min )	1 bouth	./	01/11/2017
Date Received:    Employee:	EOD OFFICE VOT OF			Sig	gnature of A	pointed Treas	surer	Date
Date Postmarked:  Date Postmarked:  Employee:  Date Scanned:  Employee:  Empl		NLY			+			Dolivom Mothod
Date Postmarked:    Employee:	Date Received:		E	mployee:	-			
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Date Data Entered:  Employee:  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.				imployee.			-	
Date Data Entered: Employee: 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.	Date Scanned:		Eı	mployee:		ASSES		
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.	Date Data Entered		F,	mplovee				
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custodian of books information, or account information.	Please Note: This	form cannot be used to ame	end comm	ittee inforr	nation such	as the cor	nmittee addre	ss, treasurer, assistant treasurer
		custodiai	n of books	s information	on, or accou	unt inform	ation.	

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

Amendment  $\boxtimes$ Yes No

	. Type of Report	<b>网络</b> 的		3. ID Nu	ımber
0 1 10 1	2016 4th Quarter			SDU2E7	Comment of the Commen
	Report		Total this		Total this
Start of Election Cycle: January 1,	2016		porting Period		Election Cycle
4) Cash on Hand at Start		\$	0.00	\$	0.00
FECEIPTS  5) Aggregated Contributions from Individuals	(CDQ 1205)	6			
6) Contributions from Individuals	(CRO-1205)	\$	1167.00	\$	1167.00
7) Contributions from Political Party Committees	(CRO-1210)	\$	1167.88	\$	1167.88
8) Contributions from Other Political Committees	(CRO-1220)	\$		\$	
9) Loan Proceeds		\$		\$	
10) Refunds/Reimbursements To the Committee	(CRO-1410)			\$	
11) Other Receipt Sources	(CRO-1240)	\$		\$	
11a) Interest on Bank Accounts	(CRO-1250)	\$		\$	
11b) Contributions from Not-for-Profit Organization	s (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, 1	lld and lle)		1167.88	\$	1167.88
EXPENDITURES					<b>爱然结构 排除</b> 等
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	801.88	\$	801.88
13b) Contributions to Candidates/Political Committee	es (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)	\$	360.00	\$	360.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$	1161.88	\$	1161.88
19) Cash on Hand at End (Add lines 4 and 12 together, then subtra	ct line 18)	\$	6.00	\$	6.00
ADDITIONAL INFORMATION		经特别			
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)	\$		Digital Control	
25) Administrative Support	(CRO-1710)	\$		\$	
26) Forgiven Loans	(CRO-1440)	\$		\$	
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$		\$	
28) Contributions to be Refunded	(CRO-1215)	\$		\$	
CD C 1100	CALADO CONTRACTOR CONT				The second contract and the second

Contributions from Indiata					Ame	ndment		
Contributions from Individuals	Pg	1	of	1		Yes	$\boxtimes$	No
Use this form to report individual contributions over \$50 or contribution	s under	r \$50 if form	n CRO	1205 is no	t used			

10000		e (and Fund if applica		The same of	多特色的原理等性	2. ID Nu	imber	性的語句語	
Elect Ro	nn Abernathy for	Catawba County Scho	ool Boa	rd			SDU2ET	F.	
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	ime, Mailing Address	& Phone		b. Job Title/Profession	The state of the s	d. Comme	ents		
Ronn Ab	e city, state, & zip)			4					
PO Box	•			c. Employer's Name	/Cracific Field	Ų.			
	NC 28650			C. Employer 3 mane.	Specific Field				
						e. Election	Sum to Date		
						\$	807.88		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y		k. Amoun		
	RMA	Transfer			10/04/2		\$	400.00	
П	RMA	Transfer							
	100 (100 (100 (100 (100 (100 (100 (100	100000000000000000000000000000000000000			10/11/	/2016	\$	300.00	
	RMA	Transfer			12/20/	/2016	\$	107.88	
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	me, Mailing Address	& Phone		b. Job Title/Professio	n .	d. Comments			
Kenneth	city, state, & zip) Rhoads		N. E.	Owner		***************************************			
	nover Blvd W			c. Employer's Name/					
Conover	NC 28613			Trading Post					
				0.00		e. Election	e. Election Sum to Date		
						\$	360.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	t Z	
	RMA	In Kind	Sign	S	10/20/2		\$	360.00	
					24				
							\$		
							\$		
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	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession	ń	d. Commen	its	Server for	
(include)	erty, state, & sap,		5014-50						
				c. Employer's Name/S	Specific Field				
				VALUE VA					
					e. Election Sum to Date				
o n <u>a cara da </u>						\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount		
							\$		
							\$		
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4. Total	only this Page	A				<b>S</b>		1167 00	
A CANADA CONTRACTOR	of ALL CRO-	The second secon	POLICE OF THE PARTY OF THE PART			Φ		1167.88	
	经保护的 网络多洲洲洲洲洲洲洲洲	-1210 Tages Detailed Summary Page Ck	RO 1100		A STORY STATE OF THE STATE OF T	\$		1167.88	

Disbursen			$\mathbf{p}_{\boldsymbol{\alpha}}$		Amendment
Use this form t	to report expenditures	s from the commit	Pg ttee for; operating expenses	1 of s, contributions to	1
committees and	id coordinated party e	expenditures.		,	o candidate/pontical
1. Committee	Full Name (and Fur	nd if applicable)		2.70全体作的资	2. ID Number
3. Type of Dis	bernathy for Catawba				SDU2ET
	Expenses Ple	Contributions to C	CRO-1310 forms for each andidates/Political Committees		
4. Payee Infor		Contributions to Ca	Add Committees		Coordinated Party Expenditures
	niling Address & Phone		b. Coordinated Committee N	Remove	d C
(include city, state			b. Cool dinated Committee 1	vame	d. Comments
Vicks Signs	2,	18.195, 11.10 West Course Turning to 11.1 com-	7		
Boser			c. Level Registered (Specify)		
			Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 549.89
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
RMA	Check	В	10/04/2016	\$270.50	Signs
RMA	Check	В	10/11/2016	\$279.39	
4. Payee Inform	mation		Add	Remove	
	iling Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state	e, & zip)				and the common of the common o
Copy Masters	2007 - 2007		<u> </u>		
818 Ist AVE S			c. Level Registered (Specify)	Recolumn to the second	20
Hickory NC 28	3602		Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
Secretary and control of the secretary and the secretary and secretary and the secre					\$ 249.99
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
RMA	Check	В	10/11/2016	\$249.99	Copies
				\$	
4. Payee Inform	nation		Add	Remove	
	ling Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,	, & zip)		-		
Peoples Bank 514 West C St			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Newton NC 28		1	c. Level Registered (Specify)		
Newton NC 20	036	/	Federal State	County:	Problems State State Section Section 1
			State	Municipality:	e. Election Sum to Date
					\$ 2.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
RMA	Draft	0	10/31/2016	\$2.00	
				\$	
5. Total only th					\$ 801.88
	L CRO-1310 Pages				
(This line goes in	\$ 801.88				
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)  (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
Purpose Cod	les (List detailed exp	enditure code in (	h ) above)	res)	
A* - Media	B* - Printing	C* - Fund	THE RESERVE OF THE PARTY OF THE	D - To Anoth	per Candidate
E - Salaries	F* - Equipment	G - Politica	al Party		g Public Office Expenses
- Postage O* - Other	J - Penalties	K* - Office	e Expenses		on to Legal Expense Fund

Use CRO-1215 if In-Kind Contributions were or will be refund  1. Committee Full Name (and Fund if applicable)	<b>建</b>	NO DESCRIPTION OF THE PARTY OF	2 1	D Number	
Elect Ronn Abernathy for Catawba County School			Mark Harris	SDU2ET	
Board					
3. Contributor Information Add	Remove		<b>等观察</b>		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Contributor	c. Co	omments	
Kennethy Rhoads		lividual			
1002 Conover Blyd W	Par	ndidate			
Conover NC 28613	☐ PA	•			
		ferendum	d. El	ection Sum to Date	
	Oth	ner Receipt Source	\$	260.00	
a December to				360.00	
e. Description  4 Large Campaign Signs		f. Date (mm/dd/y	уууу)	g. Fair Market Amount	
4 Large Campaign Signs		10/24/20	16	\$ 360.00	
				\$	
				\$	
3. Contributor Information Add	Remove				
a. Full Name, Mailing Address & Phone	b. Type of C	Contributor	c. Co	mments	
(include city, state, & zip)	_ =	ividual			
	1 =	didate			
	Part	(T)			
		erendum	d. Ele	ection Sum to Date	
	Other Receipt Source				
e. Description		f. Date (mm/dd/y	ууу)	g. Fair Market Amount	
				\$	
				\$	
				\$	
3. Contributor Information Add	Remove				
a. Full Name, Mailing Address & Phone	b. Type of C	Contributor	c. Coi	mments	
(include city, state, & zip)		vidual			
	Can	didate			
	PAC	•			
		erendum	d. Ele	ction Sum to Date	
	Othe	er Receipt Source	\$		
e. Description		f. Date (mm/dd/y	ууу)	g. Fair Market Amount	
				\$	
				\$	
				\$	
4. Total only this Page		5.4 M (1909)	\$	360.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$	360.00	

Pg

of

Amendment

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No

**In-Kind Contributions**