

# Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.

<b>1. Committee Information</b>	
a. Full Name ROB WAGMAN CAMPAIGN COMMITTEE	c. ID Number LCL-000000-0-000
b. Mailing Address (Include City, State and Zip Code) 314 KAITLYN LANE KINGS MOUNTAIN, NC 28086	d. Date Filed 10/01/2023
e. Phone Number	

2. Report Year 2023	3. Period Start Date (mm/dd/yy) 07/12/2023	4. Period End Date (mm/dd/yy) 09/26/2023	5. Treasurer Full Name MARC SEELINGER JR
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<b>7. Type of Fund (if applicable, check one)</b>		<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"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	<b>10. Special Report Name</b>
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> Other:		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<b>8. Number of Fundraisers this Report</b> 0		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
		<input type="checkbox"/> Special	<input type="checkbox"/> Special	

<b>3. Account Information</b>		<b>3. Account Information</b>	
a. Financial Institution Full Name WELLS FARGO	a. Financial Institution Full Name	b. Purpose OPERATING ACCOUNT	c. Account Code 001
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	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

Marc Seelinger, Jr. Printed Name of Signer      [Signature] Signature of Appointed Treasurer      10/01/2023 Date

**FOR OFFICE USE ONLY**

Date Received: [Signature] Employee: 10/4/23 Delivery Method:  Normal Mail

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_  Registered Mail

Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_  Hand Delivered

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

<b>1. Committee Full Name (and Fund if applicable)</b> ROB WAGMAN CAMPAIGN COMMITTEE		<b>2. Type of Report</b> 2023 Thirty-five-day		<b>3. ID Number</b> LCL-000000-0-000	
<b>Start of Election Cycle: January 1, 2023</b>			<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>
4) Cash on Hand at Start			\$ 0.00		\$ 0.00
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 42.30		\$ 42.30	
6) Contributions from Individuals (CRO-1210)		\$ 5,502.94		\$ 6,785.28	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 5,545.24		\$ 6,827.58	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 2,477.45		\$ 2,477.45	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 137.46		\$ 137.46	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 550.00		\$ 550.00	
17) In-Kind Contributions (CRO-1510)		\$ 1,648.46		\$ 2,930.80	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 4,813.37		\$ 6,095.71	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 731.87		\$ 731.87	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 0.00	

# Aggregated Contributions from Individuals

Page 1 of 1

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

Optional form used to report NC Contributions From Individuals of \$50 or less

<b>1. Committee Full Name (and Fund if applicable):</b>					<b>2. ID Number:</b>	
ROB WAGMAN CAMPAIGN COMMITTEE					LCL-000000-0-000	
<b>3. Contributor Information:</b>						
<b>a. Amend:</b>	<b>b. Account Code:</b>	<b>c. Form of Payment:</b>	<b>d. In-Kind Description:</b>	<b>e. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>	
<input type="checkbox"/> Add	001	Credit Card		08/15/2023	\$	21.15
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	001	Credit Card		09/15/2023	\$	21.15
<input type="checkbox"/> Remove						
<b>4. Total only this Page</b>					\$	\$42.30
<b>5. Total of ALL CRO-1205 Pages</b>					\$	\$42.30
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

CRO-1205

NC State Board of Elections

April 2007

# Contributions from Individuals

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

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> ROB WAGMAN CAMPAIGN COMMITTEE						<b>2. ID Number</b> LCL-000000-0-000	
<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) DAVID BRINKLEY 413 COUNTRY CLUB ACRES KINGS MOUNTAIN, NC 28088				<b>b. Job Title/Profession</b> FOUNDER		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> BRINKLEY FINANCIAL GROUP		<b>e. Election Sum to Date</b> \$ 500.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	001	Check		09/12/2023		\$ 500.00	
<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) VERNON OWENSBY 316 SOMERSET DR KINGS MOUNTAIN, NC 28086				<b>b. Job Title/Profession</b> NO JOB TITLE		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> NOT EMPLOYED		<b>e. Election Sum to Date</b> \$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	001	Check		09/22/2023		\$ 100.00	
<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) JENNIFER RIKARD 712 SANDHURST DR KINGS MOUNTAIN, NC 28086				<b>b. Job Title/Profession</b> REVENUE OFFICER FRAUD ENFORCEMENT		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> IRS		<b>e. Election Sum to Date</b> \$ 104.48	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	001	Credit Card		09/20/2023		\$ 104.48	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 704.48	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 5,502.94	

# Contributions from Individuals

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

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>
ROB WAGMAN CAMPAIGN COMMITTEE						LCL-000000-0-000
<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>	
KARLA STAMEY 302 COURT DR BESSEMER CITY, NC 28016			GUEST AMBASSADOR			
			<b>c. Employer's Name/Specific Field</b>			
			KINGS MOUNTAIN			
					<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	001	Check		09/22/2023	\$ 100.00	
<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>	
ROB WAGMAN 312 KAITLYN LANE KINGS MOUNTAIN, NC 28086			MARKETING			
			<b>c. Employer's Name/Specific Field</b>			
			STRAIGHT PATH MEDIA			
					<b>e. Election Sum to Date</b>	
					\$ 5,430.80	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	001	In-Kind	DOOR HANGERS	07/22/2023	\$ 38.43	
<input type="checkbox"/>	001	In-Kind	COATS	07/27/2023	\$ 95.00	
<input type="checkbox"/>	001	In-Kind	COATS	07/27/2023	\$ 95.00	
<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>	
ROB WAGMAN 312 KAITLYN LANE KINGS MOUNTAIN, NC 28086			MARKETING			
			<b>c. Employer's Name/Specific Field</b>			
			STRAIGHT PATH MEDIA			
					<b>e. Election Sum to Date</b>	
					\$ 5,430.80	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	001	In-Kind	KM ELITE GOLF SPONSORSHIP	08/04/2023	\$ 1,000.00	
<input type="checkbox"/>	001	Electric Funds Tran		08/07/2023	\$ 400.00	
<input type="checkbox"/>	001	In-Kind	ENVELOPES	08/15/2023	\$ 44.00	
<b>4. Total only this Page</b>					\$ 1,772.43	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,502.94	

# Contributions from Individuals

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

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>	
ROB WAGMAN CAMPAIGN COMMITTEE						LCL-000000-0-000	
<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>	
ROB WAGMAN 312 KAITLYN LANE KINGS MOUNTAIN, NC 28086				MARKETING			
				<b>c. Employer's Name/Specific Field</b>			
				STRAIGHT PATH MEDIA		<b>e. Election Sum to Date</b>	
						\$ 5,430.80	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	001	Electric Funds Tran		08/15/2023	\$ 400.00		
<input type="checkbox"/>	001	In-Kind	POLO SHIRTS	08/25/2023	\$ 247.45		
<input type="checkbox"/>	001	Electric Funds Tran		08/28/2023	\$ 250.00		
<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>	
ROB WAGMAN 312 KAITLYN LANE KINGS MOUNTAIN, NC 28086				MARKETING			
				<b>c. Employer's Name/Specific Field</b>			
				STRAIGHT PATH MEDIA		<b>e. Election Sum to Date</b>	
						\$ 5,430.80	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	001	In-Kind	FLAGS	08/29/2023	\$ 128.58		
<input type="checkbox"/>	001	Electric Funds Tran		09/12/2023	\$ 2,000.00		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 3,026.03	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 5,502.94	

# Disbursements

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

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

<b>1. Committee Full Name (and Fund if applicable)</b> ROB WAGMAN CAMPAIGN COMMITTEE						<b>2. ID Number</b> LCL-000000-0-000	
<b>3. Type of Disbursement: (Please use separate CRO-1310 forms for each type of Disbursement.)</b>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, & zip) BANNERS ON A ROLL 17509 NE 31ST CT REDMOND, WA 98052				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 619.71	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
001	Debit Card	B	09/14/2023	\$ 619.71	BANNERS		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, & zip) CITYLOCS.COM 15747 E VALLEY BLVD CITY OF INDUSTRY, CA 91744				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 879.50	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
001	Debit Card	O	09/13/2023	\$ 879.50	HATS		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, & zip) FIVERR 99 WASHINGTON AVE ALBANY, NY 12260				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 340.10	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
001	Debit Card	A	08/14/2023	\$ 211.00	WEBSITE		
001	Debit Card	A	09/21/2023	\$ 23.60	WEBSITE		
<b>5. Total only this Page</b>						\$ 1,733.81	
<b>6. Total of ALL CRO-1310 Pages</b> (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (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)						\$ 2,477.45	
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)							
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)							

# Disbursements

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
ROB WAGMAN CAMPAIGN COMMITTEE						LCL-000000-0-000	
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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
FIVERR 99 WASHINGTON AVE ALBANY, NY 12260							
				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	
						\$ 340.10	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Debit Card	A	09/21/2023	\$ 105.50	WEBSITE		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
GOTPRINT.COM 7651 N SAN FERNANDO RD BURBANK, CA 91505							
				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	
						\$ 185.28	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Debit Card	B	08/29/2023	\$ 185.28	PRINTING		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
IONOS, INC 100 N 18TH ST SUITE 400 PHILADELPHIA, PA 19103							
				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	
						\$ 1.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Debit Card	A	09/18/2023	\$ 1.00	WEBSITE		
				\$			
5. Total only this Page						\$ 291.78	
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>						\$ 2,477.45	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
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)							



# Disbursements

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

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>			
ROB WAGMAN CAMPAIGN COMMITTEE		LCL-000000-0-000			
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (Include city, state, &amp; zip)</b>		<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>		
SIGNROCKET.COM 340 BROADWAY AVE ST PAUL PARK, MN 55071					
		<b>c. Level Registered (Specify)</b>			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
			<b>e. Election Sum to Date</b>		
			\$ 375.00		
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
001	Debit Card	B	09/14/2023	\$ 375.00	SIGNS
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (Include city, state, &amp; zip)</b>		<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>		
ULINE 12575 ULINE DR PLEASANT PRAIRIE, WI 53158					
		<b>c. Level Registered (Specify)</b>			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
			<b>e. Election Sum to Date</b>		
			\$ 76.86		
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
001	Debit Card	O	09/25/2023	\$ 76.86	T-SHIRT BAGS
				\$	
<b>5. Total only this Page</b>					\$ 451.86
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 2,477.45
<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>					
<b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* Other				H* - Holding Public Office Expenses	
				K* - Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

# Aggregated Non-Media Expenditures

Optional form used to report NC Non-Media Expenditures of \$50 or less.

<b>1: Committee Full Name (and Fund if applicable)</b> ROB WAGMAN CAMPAIGN COMMITTEE						<b>2: ID Number</b> LCL-000000-0-000	
<b>3: Payee Information</b>							
<input type="checkbox"/> Add <input type="checkbox"/> Remove	<b>b. Account Code</b> 001	<b>c. Form of Payment</b> Debit Card	<b>d. Purpose Code</b> O	<b>e. Date (mm/dd/yyyy)</b> 08/21/2023	<b>f. Amount</b> \$ 25.00	<b>g. Required Remarks</b> WEBSITE	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Electric Funds Tran	C	08/17/2023	\$ 1.15	PAYMENT PROCESSING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Electric Funds Tran	C	09/16/2023	\$ 1.15	PAYMENT PROCESSING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Electric Funds Tran	C	09/18/2023	\$ 4.48	PAYMENT PROCESSING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card	O	09/18/2023	\$ 6.67	CLIPBOARDS	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card	B	09/18/2023	\$ 30.73	BANNERS	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card	B	09/18/2023	\$ 30.73	BANNERS	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card	B	09/18/2023	\$ 37.55	BANNERS	
<b>4. Total only this Page</b>					\$ 137.46		
<b>5. Total of ALL CRO-1315 Pages</b> <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$ 137.46		
<b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>							
<b>B* - Printing</b>		<b>C* - Fundraising</b>		<b>D - To Another Candidate</b>			
<b>E - Salaries</b>		<b>F* - Equipment</b>		<b>G - Political Party</b>		<b>H* - Holding Public Office Expenses</b>	
<b>I - Postage</b>		<b>J - Penalties</b>		<b>K* - Office Expenses</b>		<b>Q* - Donations to Legal Expense Fund</b>	
<b>O* - Other</b>							
<b>* Codes require detailed explanation in required remarks field (g)</b>							

# Refunds/Reimbursements From the Committee Pg 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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>	
ROB WAGMAN CAMPAIGN COMMITTEE				LCL-000000-0-000	
<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>g. Comments</b>
ROB WAGMAN 312 KAITLYN LANE KINGS MOUNTAIN, NC 28086			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		<b>h. Original Receipt Date</b> 08/07/2023  <b>i. Original Receipt Amount</b> \$ 400.00
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>	
MARKETING	STRAIGHT PATH MEDIA	L		\$ 5,430.80	
<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>	
001	Electric Funds Tran		08/15/2023	\$ 300.00	
<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>g. Comments</b>
ROB WAGMAN 312 KAITLYN LANE KINGS MOUNTAIN, NC 28086			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		<b>h. Original Receipt Date</b> 08/28/2023  <b>i. Original Receipt Amount</b> \$ 250.00
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>	
MARKETING	STRAIGHT PATH MEDIA	L		\$ 5,430.80	
<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>	
001	Electric Funds Tran		08/24/2023	\$ 250.00	
<b>4. Total only this Page</b>				\$ 550.00	
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)				\$ 550.00	
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>					
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)					

# In-Kind Contributions

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
ROB WAGMAN CAMPAIGN COMMITTEE		LCL-000000-0-000	
<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. Type of Contributor</b>	<b>c. Comments</b>
ROB WAGMAN 312 KAITLYN LANE KINGS MOUNTAIN, NC 28086		<input checked="" 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	
			<b>d. Election Sum to Date</b>
			\$ 5,430.80
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>	
DOOR HANGERS	07/22/2023	\$ 38.43	
COATS	07/27/2023	\$ 95.00	
COATS	07/27/2023	\$ 95.00	
<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. Type of Contributor</b>	<b>c. Comments</b>
ROB WAGMAN 312 KAITLYN LANE KINGS MOUNTAIN, NC 28086		<input checked="" 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	
			<b>d. Election Sum to Date</b>
			\$ 5,430.80
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>	
KM ELITE GOLF SPONSORSHIP	08/04/2023	\$ 1,000.00	
ENVELOPES	08/15/2023	\$ 44.00	
POLO SHIRTS	08/25/2023	\$ 247.45	
<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. Type of Contributor</b>	<b>c. Comments</b>
ROB WAGMAN 312 KAITLYN LANE KINGS MOUNTAIN, NC 28086		<input checked="" 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	
			<b>d. Election Sum to Date</b>
			\$ 5,430.80
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>	
FLAGS	08/29/2023	\$ 128.58	
		\$	
		\$	
<b>4. Total only this Page</b>		\$ 1,648.46	
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 1,648.46	