Statement of Organization - Candidate Committee

Is this sta	atem	ent:	
New		Amended	

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Infor	mation					
a. Name of Committee				d. ID Number		
b. Mailing Address (incl			e. Date Organized			
,						
	2.4			le pu		
c. Committee Website (f. Phone Number			
2. Candidate Infori	mation					
a. Full Name		e. Party Affiliation				
b. Mailing Address (incl	lude City, State, and Zip Code)	f. Office Sought	f. Office Sought			
,		8				
DI N 1	1.5			T . 11 /		
c . Phone Number	d. Email Address	g. Next Election Year	h	. Jurisdiction		
Email copy of re	port notices					
3. Treasurer Inform		4. Assistant Treas	surer Infor	mation		
a. Full Name		a. Full Name				
		1 36 11 4 13 6	1 1 024 6			
b. Mailing Address (incl	lude City, State, and Zip Code)	b. Mailing Address (in	nclude City, S	state and Zip Code)		
c. Phone Number	d. Email Address	c. Phone Number	d. Email A	ddress		
Send report no						
	oks Information (Keeper of Record			incl. CRO-3500)		
a. Full Name		a. Financial Institutio	n Full Name			
b. Mailing Address (incl	lude City, State, and Zip Code)					
c. Phone Number	d. Email Address	b. Account Code	c. Type			
c. I Hone I (uniber	a. Email radices	bi riccount couc	c. Type			
Email						
Email copy of re	eport notices					
T de diad of		1. 11	1 00 4	6.61 1.62 6.1 2.6		
•	ommittee is in compliance with all a	-		-		
	nd that no funds are commingled wit	n prohibited or other nor	1-disclosed	funds. I further certify that		
this report is comp	lete, true and correct.					
Printed	Name of Treasurer	Signature of Appointed Tre	easurer	Date		
•	ormation above is correct, and I, as the			= -		
_	ilities imposed upon the appointed tr	easurer and subject to the	e penalties	in Article 22A of Chapter		
163 of the NC Gener	ral Statutes.					
Printed	Name of Candidate	Signature of Candidat	e	Date		



Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form.

Committee Na	ame:			
Treasurer Nar	me:			
Treasurer Ado	dress:			
(include city, sta	ite, & zip)			
Treasurer Pho	one:			
amed Committee.	These account numbers in		roviding all account informatilized, credit card accounts, a	
provided is only used Each treasurer (or	l for the purposes of an a candidate) must designa	audit or investigation or as ate below an account code	t subject to public disclosure. required by a court of compose (any number or letter or s. If an account number is use	etent jurisdiction combination c
ode," confidentiality	of the account number is 1	presumed to have been waive	ed.	
The treasurer shall ma	aintain all moneys of the p	political committee in a bank	account or bank accounts us	ed exclusively b
	e and shall not commingle	those funds with any other	moneys.	•
	e and shall not commingle Financial Institution	those funds with any other a	moneys. Account Number	•
he political committee	· ·	•	•	·
he political committee	· ·	•	•	·
ne political committed Type of account	Financial Institution	Address	•	Account Code
Type of account By signing this s	Financial Institution Statement, I authorize agen	Address	Account Number tions to inspect all accounts pro-	Account Code
By signing this s	Financial Institution statement, I authorize agen	Address	Account Number	Account Code
By signing this s Date Signe For Candidate	Financial Institution statement, I authorize agented Committees Only	Address ats of the State Board of Elec	Account Number tions to inspect all accounts processing the second seco	Account Code
By signing this s Date Signe For Candidate In lieu of providing except that whice	Financial Institution statement, I authorize agented Committees Only ing account information, I is the candidate's personal	Address Its of the State Board of Electrify that this committee v	Account Number tions to inspect all accounts process of Candidate or Treasurer will not raise any money nor synderstand that an audit or inv	Account Code rovided.
By signing this s Date Signe For Candidate In lieu of providing except that which warrant the probine in the	statement, I authorize ager Committees Only ing account information, I ch is the candidate's persone of any personal bank account in the control of the control of the control of the candidate of the control of the	ats of the State Board of Electric certify that this committee wonal funds. I furthermore uncount that is being used for count that the cou	Account Number tions to inspect all accounts process of Candidate or Treasurer will not raise any money nor synderstand that an audit or inv	Account Code rovided. pend any money restigation could



Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed	at the Board of Elections	office where the committee's campaign reports are filed.
Candidate Name:		
Committee Name:		
Treasurer Name:		
If Candidate is own tr	easurer, designate an a	gent to carry out designations:
Committee ID #:		
Level Registered:	[State] [County] If co	unty, specify:
funds remaining in models or reasonable of following manner as particular to the second secon	y Campaign Committeexpenses for winding	rect that in the event of my death or incapacity all the account(s) (after payment of permitted outstanding up the Committee or closing office) be paid in the Stat. 163-278.16B(a). Plan for Disbursement (eg. Amount or %)
1		
2		
3		
		oing entities are eligible beneficiaries under N.C. s form should be maintained with the Committee
Signature of Candidat	e:	
Date:		

Disclosure Repor	t Cover				Amendment Yes No
		tee information, r	nust be signed and si	ubmitted alo	ong with other detailed forms.
Do not use this form to up		,	8		8
1. Committee Information	n				
a. Full Name					c. ID Number
b. Mailing Address (include Ci	try State and Tin Co.	Ja)			d. Date Filed
b. Mannig Address (include Ci	ity, State and Zip Coo	ue)			u. Date Flieu
					e. Phone Number
2. Report Year 3. Period	Start Date (mm/d	ld/vv) 4 Period I	End Date (mm/dd/yy)	5. Treasu	rer Full Name
2. Report Fear 5. Ferrou	Start Date (minu	4. 1 C110u 1	Ena Date (mm/du/yy)	e. Treasur	of I will twill
6. Type of Committee (C		9. Type of Rep			ort from one category)
Candidate Campaign	Party	Municipal	State/County		Referendum
PAC	Referendum	Organizationa			Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five da	· ` ·		Pre-referendum
Legal Expense Fund		Pre-primary Pre-election	Firs		Final Supplemental Final
7. Type of Fund (if app	licable, check one)	Pre-election Pre-runoff	This		Supplemental Final Annual
Booster Fund	illubie, check blie)	Semi-annual	Fou		Special
Building Fund		Mid Yea	-		special
_		Year En	d 🔲 Mid	Year	10. Special Report Name
Other:		Final	Yea	r End	•
8. Number of Fundraise	s this Report	Special	Final		
			☐ Special		
11. Account Information			11. Account Infor	mation	
a. Financial Institution Full Na	ame		a. Financial Institution	Full Name	
b. Purpose	c. Account (Code	b. Purpose		c. Account Code
	d. Period Be	egin Balance			d. Period Begin Balance
	\$				\$
CERTIFICATION	•		_		•
I certify that the Committee	e or Fund is in comr	oliance with all app	licable provisions of A	rticle 22A, 22	2B & 22D-22M of Chapter 163
					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.

	Printed Name of Signer	Signature of Appointed Treasurer	Date
FO	R OFFICE USE ONLY		
	Date Received:	Employee:	<u>Delivery Method</u> ☐ Normal Mail
	Date Postmarked:	Employee:	Registered Mail Hand Delivered
	Date Scanned:	Employee:	☐ Electronically Filed
	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.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed	Summary
-----------------	----------------

28) Contributions to be Refunded

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 Total this Total this Start of Election Cycle: January 1, **Reporting Period Election Cycle** 4) Cash on Hand at Start RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ 6) Contributions from Individuals (CRO-1210) \$ \$ \$ 7) Contributions from Political Party Committees (CRO-1220) 8) Contributions from Other Political Committees \$ (CRO-1230)9) Loan Proceeds (CRO-1410) \$ \$ (0) 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) \$ \$ 11e) Exempt Purchase Price Sales (CRO-1265) \$ \$ **12) TOTAL RECEIPTS** (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) \$ **EXPENDITURES** 13) Disbursements 13a) Operating Expenditures (CRO-1310) \$ \$ \$ 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) \$ **18) TOTAL EXPENDITURES** (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ \$ 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18 \$ 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) \$ \$

(CRO-1215)

\$