

Statement of Organization - Candidate Committee

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

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

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information					
a. Full Name				c. ID Number	
b. Mailing Address (include City, State and Zip Code)				d. Date Organized	
				e. Phone Number	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
<input type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address	
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Email copy of notices		
5. Assistant Treasurer Information			6. Account Information <i>(incl. CRO-3500)</i>		
a. Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
c. Phone Number	d. Email Address		c. Account Code	d. Type	
<input type="checkbox"/> Email copy of notices					
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.					
_____		_____		_____	
Printed Name of Signer		Signature of Appointed Treasurer		Date	

Statement of Organization-Candidate Committee [CRO-2100A]

Form Description

All candidate committees will complete this form. In addition to the *Statement of Organization*, those committees that do not file under the \$1000 threshold (committees that plan on raising or spending more than \$1000 during the election cycle) must complete an **Organizational Disclosure Report** within 10 days of organizing the committee.

All committees must complete a **Certification of Financial Account Number Information** (CRO-3500) form and a **Certification of Treasurer** (CRO-3100) form along with the *Statement of Organization*. For those committees who pledge not to raise or spend more than \$1000 during an election cycle, a **Certification of Threshold** (CRO-3600) form must be completed with the *Statement of Organization*.

Additional assistant treasurers and bank accounts may be listed on the **Statement of Organization Addendum** (CRO-2110) form and the **Additional Committee Funds** (CRO-2120) form.

The *Statement of Organization* is used to show any changes in committee information. The entire form must be completed and resubmitted with the new information in order for an amendment to be correctly documented. Check the "Yes" box at the top of the page if this report is an amendment.

Line-by-Line Instructions

LINE 1. **Committee Information**

- a. Provide the full name of the committee.
- b. Provide the committee's complete mailing address (including city, state and zip code).
- c. Provide the ID number of the committee. If this is a new committee, this field may be left blank.
- d. Provide the date that the committee was organized.
- e. Provide the telephone number (including area code) of the committee.

LINE 2. **Candidate Information-** If this is the Candidate's primary committee, then check the box that is part of Line 2.

- a. Provide the first and last name of the candidate. This should be listed as it appears on the candidate filing form.
- b. Provide the mailing address of the candidate if it is different from the committee's mailing address.
- c. Provide the telephone number (including area code) of the candidate.
- d. Provide the email address for the candidate. Indicate below if the candidate would like to receive an email copy of report due notices sent to the committee.
- e. Provide the candidate's ID number. This will be assigned during candidate filing.
- f. Provide the party affiliation of the candidate. If the office sought is nonpartisan, then put "Nonpartisan" in this field.
- g. Provide the office the candidate is seeking.
- h. Provide the next election year for the candidate.

- i. Provide the jurisdiction (district, county or municipality) of the office the candidate is seeking, if it is not a statewide office.

LINE 3. **Treasurer Information**

- a. Provide the first and last name of the treasurer of the committee.
- b. Provide the treasurer's complete mailing address (including city, state, and zip code).
- c. Provide the telephone number (including area code) of the treasurer.
- d. Provide the email address of the treasurer. Indicate below if the treasurer would prefer to receive report due notices via email rather than US mail.

LINE 4. **Custodian of Books Information**

- a. Provide the first and last name of the custodian of books of the committee.
- b. Provide the custodian of books' complete mailing address (including city, state and zip code).
- c. Provide the telephone number (including area code) of the custodian of books.
- d. Provide the email address of the custodian of books. Indicate below if the Custodian of Books would like to receive an email copy of report due notices sent to the committee.

LINE 5. **Assistant Treasurer Information** – The two checkboxes ("Add" and "Remove") are only used in amendments when a new assistant treasurer must be added or removed.

- a. Provide the first and last name of the assistant treasurer of the committee.

- b. Provide the assistant treasurer's complete mailing address (including the city, state and zip code).
- c. Provide the telephone number (including area code) of the assistant treasurer.
- d. Provide the email address of the assistant treasurer. Indicate below if the assistant treasurer would like to receive an email copy of report due notices sent to the committee.

LINE 6. **Account Information** – List each account separately. The 2 checkboxes (“Add” and “Remove”) are only used in amendments when a new account must be disclosed for this fund, or an old account removed.

- a. Provide the complete name of the financial institution providing this account.
- b. Provide the purpose for which this account is used.

- c. List the code that corresponds to the account for the committee. Remember to leave all account numbers off of the statements in order to preserve confidentiality. Use the code(s) provided on the **Certification of Financial Account Information** (CRO 3500) form. The committee must assign each bank account a different code.
- d. Provide the type of account (such as checking, savings, CD, money market, etc). If a credit card is specified, please list the type of card.

CERTIFICATION– The treasurer (or candidate if a candidate committee) must certify by signing and dating this form.

Statement of Organization - Candidate Committee

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

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

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information					
a. Full Name				c. ID Number	
COMMITTEE TO ELECT JANE SMITH					
b. Mailing Address (include City, State and Zip Code)				d. Date Organized	
1234 MAIN STREET FUN TOWN, NORTH CAROLINA 00000				1/1/2013	
				e. Phone Number	
				919-555-5555	
2. Candidate Information <input checked="" type="checkbox"/> Candidate's Primary Committee					
a. Full Name			e. Candidate ID Number		f. Party Affiliation
JANE ELIZABETH SMITH					NON-PARTICAN
					(Indicate Non-partican if applicable)
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
POST OFFICE BOX 1 FUN TOWN, NORTH CAROLINA 00001			MAYOR		
c. Phone Number	d. Email Address		h. Next Election Year		i. Jurisdiction
919-555-5551	JANESMITH@EMAIL.COM				FUN TOWN
			2013		
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
JASON SUNSHINE			JASON SUNSHINE		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
POST OFFICE BOX 2 FUN TOWN, NORTH CAROLINA 00001			POST OFFICE BOX 2 FUN TOWN, NORTH CAROLINA 00001		
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address	
919-555-5555	JASONSUNSHINE@EMAIL.COM		919-555-5555	JASONSUNSHINE@EMAIL.COM	
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Email copy of notices		
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500)		
a. Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove			a. Financial Institution Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove		
TERRY SUNFLOWER			GOOD BANK		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
POST OFFICE BOX 3 FUN TOWN, NORTH CAROLINA 0001			CHECKING ACCOUNT FOR COMMITTEE		
c. Phone Number	d. Email Address		c. Account Code	d. Type	
919-555-5552	TERRYSUN@EMAIL.COM		1	CHECKING	
<input checked="" type="checkbox"/> Email copy of notices					
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.					
JASON SUNSHINE		SIGNATURE		1/6/2013	
Printed Name of Signer		Signature of Appointed Treasurer		Date	



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Candidate Name: _____

Treasurer Name: _____

Treasurer Address: _____

(include city, state, & zip) _____

Treasurer Phone: _____

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

Date Signed

Signature of Candidate

Certification of Treasurer [CRO-3100]

Form Description

This certification is used by candidate committees to appoint a treasurer for the committee. This form is required and must accompany the candidate's Statement of Organization.

This certification is filed at the Board of Elections office where the committee's campaign reports are filed.

Line-by-Line Instructions

Candidate Name. Provide the full name of the candidate.

Treasurer Name. Provide the full name of the treasurer.

Treasurer Address. Provide the address (including city, state and zip code) for the treasurer of the committee.

Treasurer Phone. Provide the phone number (including area code) for the treasurer of the committee.

CERTIFICATION- The candidate must certify the Certification of Treasurer (CRO-3100) by signing and dating this form.



North Carolina
State Board of Elections

506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: JOHJN Q PUBLIC

Treasurer Name: SUSIE Q SMITH

Treasurer Address: PO BOX 1007

(include city, state, & zip) MAPLE GROVE, NC 24687

Treasurer Phone: 919-555-2121

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

10/1/2008

Date Signed

Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



NORTH CAROLINA STATE BOARD OF ELECTIONS

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.

FILED BY:

Committee Name: _____

Treasurer Name: _____

Treasurer Address: _____

(include city, state, & zip) _____

Treasurer Phone: _____

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. **Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on reports.** If an account number is used as the "account code," confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

Date Signed

Signature of Candidate or Treasurer

For Candidate Committees Only

- In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

By signing this statement, I authorize agents of the State Board of Elections to inspect applicable accounts.

Date Signed

Signature of Candidate or Treasurer



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Additional account numbers:

Type of Account	Financial Institution	Address	Account Number	Account Code

_____ Date Signed

_____ Signature of Candidate or Treasurer

Certification of Financial Account Information [CRO-3500]

Form Description

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 (CRO-2100A-G).

This certification is filed at the Board of Elections office where the committee's campaign reports are filed.

Line-by-Line Instructions

Committee Name. Provide the full name of the committee.

Treasurer Name. Provide the full name of the treasurer.

Treasurer Address. Provide the address (including city, state and zip code) for the treasurer of the committee.

Treasurer Phone. Provide the phone number (including area code) for the treasurer of the committee.

Type of Account. Provide the type of account for the committee (ex. Checking).

Financial Institution. Provide the name of the financial institution.

Address. Provide the address of the financial institution.

Account Number. Provide the account number for the bank account for the committee.

Account Code. Provide the account code used to identify the bank account number for the committee. The code is a unique identifier (ex. 1 or A) used to reference the bank account number (the bank account number should not appear on the disclosure reporting forms). If new accounts are opened a unique code must be used.

CERTIFICATION – The treasurer must certify the Certification of Financial Account Information (CRO-3500) by signing and dating this form.

FOR CANDIDATE COMMITTEES ONLY – If a candidate committee will not raise any money nor spend any money other than the candidate's personal funds they do not need to provide bank account information.



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: _____

Treasurer Name: _____

Treasurer Address: _____

(include city, state, & zip) _____

Treasurer Phone: _____

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

Date Signed

Signature

Certification of Threshold [CRO-3600]

Form Description

This certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle. If a committee selects to remain under the threshold, they are still required to keep track of all transactions related to the committee, but will not file regular disclosure reports.

This certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This certification is filed at the Board of Elections office where the committee's campaign reports are filed.

Line-by-Line Instructions

Committee Name. Provide the full name of the committee.

Treasurer Name. Provide the full name of the treasurer.

Treasurer Address. Provide the address (including city, state and zip code) for the treasurer of the committee.

Treasurer Phone. Provide the phone number (including area code) for the treasurer of the committee.

DECLARATION – The Treasurer must indicate that the committee does not intend to raise or spend more than \$1,000 during the current election cycle in order to remain under the threshold. If the committee exceeds (or intends to exceed) the \$1,000 threshold, this certification must be re-submitted with the second option checked.

CERTIFICATION – The treasurer must certify the Certification of Threshold (CRO-3600) by signing and dating this form.



NORTH CAROLINA STATE BOARD OF ELECTIONS

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 treasurer, designate an agent to carry out designations: _____

Committee ID #: _____

Level Registered: [State] [County] If county, specify: _____

I, _____, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. _____	_____
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: _____

Date: _____

Candidate Designation of Committee Funds [CRO-3900]

Form Description

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 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.

Line-by-Line Instructions

Candidate Name. Provide the full name of the candidate.

Committee Name. Provide the full name of the committee.

Treasurer Name. Provide the full name of the treasurer.

Agent Designation. If Candidate is own treasurer, designate an agent to carry out designations.

Committee ID#. Provide the committee board of elections ID#.

Level Registered. Indicate the level registered State or County (if county provide county name).

CERTIFICATION – The candidate must complete the designation section, listing the entity(s) to receive funds, and the percentage of or amount of funds that the entity(s) will receive. The candidate also must certify the Candidate Designation of Committee Funds (CRO-3900) by signing and dating this form.