**Statement of Organization - Candidate Committee**

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).

<table>
<thead>
<tr>
<th>1. Committee Information</th>
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</thead>
<tbody>
<tr>
<td>a. Full Name</td>
<td></td>
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<tr>
<td>b. Mailing Address (include City, State and Zip Code)</td>
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<tr>
<td>c. ID Number</td>
<td></td>
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<tr>
<td>d. Date Organized</td>
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<tr>
<td>e. Phone Number</td>
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</tbody>
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<thead>
<tr>
<th>2. Candidate Information</th>
<th>Candidate's Primary Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Full Name</td>
<td>e. Candidate ID Number</td>
</tr>
<tr>
<td>e. Candidate ID Number</td>
<td>f. Party Affiliation</td>
</tr>
<tr>
<td>(Indicate Non-partisan if applicable)</td>
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<tr>
<td>b. Mailing Address (include City, State, and Zip Code)</td>
<td>g. Office Sought</td>
</tr>
<tr>
<td>c. Phone Number</td>
<td>h. Next Election Year</td>
</tr>
<tr>
<td>d. Email Address</td>
<td>i. Jurisdiction</td>
</tr>
</tbody>
</table>

☐ Email copy of notices

<table>
<thead>
<tr>
<th>3. Treasurer Information</th>
<th>4. Custodian of Books Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Full Name</td>
<td>a. Full Name</td>
</tr>
<tr>
<td>b. Mailing Address (include City, State, and Zip Code)</td>
<td>b. Mailing Address (include City, State, and Zip Code)</td>
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<tr>
<td>c. Phone Number</td>
<td>c. Phone Number</td>
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<tr>
<td>d. Email Address</td>
<td>d. Email Address</td>
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</tbody>
</table>

I prefer to receive notices by email ☐ Yes ☐ No ☐ Email copy of notices

<table>
<thead>
<tr>
<th>5. Assistant Treasurer Information</th>
<th>6. Account Information (incl. CRO-3500)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Full Name</td>
<td>a. Financial Institution Full Name</td>
</tr>
<tr>
<td>b. Mailing Address (include City, State, and Zip Code)</td>
<td>b. Purpose</td>
</tr>
<tr>
<td>c. Phone Number</td>
<td>c. Account Code</td>
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<tr>
<td>d. Email Address</td>
<td>d. Type</td>
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</table>

☐ 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

*CRO-2100A* NC State Board of Elections July 2011
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 ________________________________________
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 comingle those funds with any other moneys.

<table>
<thead>
<tr>
<th>Type of account</th>
<th>Financial Institution</th>
<th>Address</th>
<th>Account Number</th>
<th>Account Code</th>
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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
Additional account numbers:

<table>
<thead>
<tr>
<th>Type of Account</th>
<th>Financial Institution</th>
<th>Address</th>
<th>Account Number</th>
<th>Account Code</th>
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Date Signed ____________________________  Signature of Candidate or Treasurer ____________________________
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).

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Plan for Disbursement (eg. Amount or %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<td>2.</td>
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<tr>
<td>3.</td>
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</table>

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: ______________________

CRO-3900
Disclosure Report Cover

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
   c. ID Number

   b. Mailing Address (include City, State and Zip Code)
   d. Date Filed

   e. Phone Number

2. Report Year
   3. Period Start Date (mm/dd/yy)
   4. Period End Date (mm/dd/yy)

5. Treasurer Full Name

6. Type of Committee (Check One)
   - Candidate Campaign
   - PAC
   - Independent Expenditure
   - Legal Expense Fund
   - Referendum

7. Type of Fund (if applicable, check one)
   - Booster Fund
   - Building Fund
   - Other:

8. Number of Fundraisers this Report

9. Type of Report (check only one type of report from one category)
   - Municipal
   - State/County
   - Referendum

   a. Financial Institution Full Name
   c. Account Code

   b. Purpose

   d. Period Begin Balance

10. Special Report Name

11. Account Information
   a. Financial Institution Full Name
   c. Account Code

   b. Purpose

   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.

__________________________  ____________________________  _____________
Printed Name of Signer      Signature of Appointed Treasurer  Date

FOR OFFICE USE ONLY

Date Received: ____________  Employee: ____________  Delivery Method

Date Postmarked: ____________  Employee: ____________  Normal Mail

Date Scanned: ____________  Employee: ____________  Registered Mail

Date Data Entered: ____________  Employee: ____________  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.

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

Use this form to summarize all disclosure reporting forms and to total monetary information.

<table>
<thead>
<tr>
<th>1. Committee Full Name (and Fund if applicable)</th>
<th>2. Type of Report</th>
<th>3. ID Number</th>
<th>Total this Reporting Period</th>
<th>Total this Election Cycle</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Start of Election Cycle:** January 1, ______

| 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) | $ | $ |

10) **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) | $ | $ |

28) **Contributions to be Refunded** (CRO-1215) | $ | $ |

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**CRO-1100**  
NC State Board of Elections  
August 2008