Statement of Organization - Referendum Committee

Amendment	
Yes	No No

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

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

1. Committee Infor	mation						
a. Full Name				c. ID Number			
h Mailing Address (incl	ude City State and Zin Code)			d Date Organized			
D. Ivrannig Address (incl	ude City, State and Zip Code)			d. Date Organized			
				e. Phone Number			
2. Referendum Info a. Full Name	ormation	h. Data of Defense down		. Declaration			
a. run Name		b. Date of Referendum	1	c. Declaration Support			
				Oppose			
3. Treasurer Inform	nation	4. Custodian of Bo	ooks Informa	ation			
a. Full Name		a. Full Name					
b. Mailing Address (incl	ude City, State, and Zip Code)	b. Mailing Address (in	clude City, Stat	te, and Zip Code)			
c. Phone Number	d. Email Address	c. Phone Number	c. Phone Number d. Email Address				
er i hone i tambei		er i none i tunioer	ut Email / Kuu				
I prefer to receiv	ve notices by email Yes No	Email copy of	Email copy of notices				
5. Assistant Treasu			6. Account Information (incl. CRO-3500) Add				
a. Full Name	Remove	a. Financial Institution	n Full Name	Remove			
b. Mailing Address (incl	ude City, State, and Zip Code)	b. Purpose					
a Dhana Numbar	d Emoil Address	a Assount Code	d Tune				
c. Phone Number	d. Email Address	c. Account Code	d. Type				
Email copy of	notices						
CERTIFICATION							
I certify that the Co	ommittee or Fund is in compliance wi	ith all applicable provisi	ons of Article	e 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 corre	ect.					
		<u></u>					
Printee	d Name of Signer	Signature of Appointed Trea	asurer	Date			
CRO-2100E	NC State	e Board of Elections		July 2014			



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

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

Certification of Financial Account Information



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

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	Vaa	

 Disclosure Report Cover
 Amendment

 Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

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Do not use this form to update information	Do not	use	this	form	to	update	inforn	natio
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a Full Nama			
a. Full Name			c. ID Number
b. Mailing Address (include City, S	tate and Zin Code)		d. Date Filed
b. Maning Mulless (include City, b			
			e. Phone Number
2. Report Year 3. Period Sta	rt Date (mm/dd/vy) 4 Period 1	End Date (mm/dd/vv) 5. T	reasurer Full Name
6. Type of Committee (Check	/ **		of report from one category)
	arty Municipal	State/County	Referendum
	eferendum Organization		Organizational
	oint Fundraiser Thirty-five da		Pre-referendum
Legal Expense Fund	Pre-primary Pre-election	First Second	Final
7. Type of Fund (if applicat	<i>le, check one)</i> Pre-runoff		Supplemental Final
Booster Fund	Semi-annual	☐ Fourth	Special
Building Fund	Mid Yes		_ Special
	Year En	_	10. Special Report Name
Other:	Final	Year End	
8. Number of Fundraisers th	is Report Special	Final	
		Special	
11. Account Information		11. Account Informatio	n
a. Financial Institution Full Name		a. Financial Institution Full	
h Dumoss	c. Account Code	h Dumaga	a Assount Code
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance		d. Period Begin Balance
	ur i erioù begin buianee	-	-
	¢		
	\$		\$
CERTIFICATION	\$		\$
I certify that the Committee or	Fund is in compliance with all app	-	22A, 22B & 22D-22M of Chapter 163
I certify that the Committee or I of the NC General Statutes and	Fund is in compliance with all app that no funds are commingled wit	h prohibited or other non-dis	22A, 22B & 22D-22M of Chapter 163 closed funds. I further certify that this
I certify that the Committee or I of the NC General Statutes and	Fund is in compliance with all app	h prohibited or other non-dis	22A, 22B & 22D-22M of Chapter 163 closed funds. I further certify that this
I certify that the Committee or I of the NC General Statutes and	Fund is in compliance with all app that no funds are commingled wit	h prohibited or other non-dis	22A, 22B & 22D-22M of Chapter 163 closed funds. I further certify that this
I certify that the Committee or 1 of the NC General Statutes and report is complete, true and cor	Fund is in compliance with all app that no funds are commingled wit rect and that I have been trained by	h prohibited or other non-dis y the NC State Board of Elec	22A, 22B & 22D-22M of Chapter 163 closed funds. I further certify that this tions.
I certify that the Committee or 1 of the NC General Statutes and report is complete, true and cor	Fund is in compliance with all app that no funds are commingled wit rect and that I have been trained by	h prohibited or other non-dis	22A, 22B & 22D-22M of Chapter 163 closed funds. I further certify that this
I certify that the Committee or 1 of the NC General Statutes and report is complete, true and cor Printed Name of S FOR OFFICE USE ONLY	Fund is in compliance with all app that no funds are commingled wit rect and that I have been trained by	h prohibited or other non-dis y the NC State Board of Elec	22A, 22B & 22D-22M of Chapter 163 closed funds. I further certify that this tions.
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I certify that the Committee or 1 of the NC General Statutes and report is complete, true and cor Printed Name of S FOR OFFICE USE ONLY Date Received:	Fund is in compliance with all app that no funds are commingled wit rect and that I have been trained by igner Signer Signer Signer	h prohibited or other non-dis y the NC State Board of Elec gnature of Appointed Treasurer	22A, 22B & 22D-22M of Chapter 163 closed funds. I further certify that this tions. Date Delivery Method Normal Mail
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I certify that the Committee or 1 of the NC General Statutes and report is complete, true and cor Printed Name of S FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered: Please Note: This form	Fund is in compliance with all app that no funds are commingled wit rect and that I have been trained by igner Sig Emplo Emplo Emplo Emplo Cannot be used to amend comr	h prohibited or other non-dis y the NC State Board of Elec gnature of Appointed Treasurer yee: yee: yee: yee: yee:	22A, 22B & 22D-22M of Chapter 163 closed funds. I further certify that this tions. Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training the committee address, treasurer,
I certify that the Committee or 1 of the NC General Statutes and report is complete, true and cor Printed Name of S FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered: Please Note: This form assist	Fund is in compliance with all app that no funds are commingled wit rect and that I have been trained by igner Sig Emplo Emplo Emplo	h prohibited or other non-dis y the NC State Board of Elec gnature of Appointed Treasurer yee: yee: yee: yee: nittee information such as is information, or account	22A, 22B & 22D-22M of Chapter 163 closed funds. I further certify that this tions. Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training the committee address, treasurer, information.

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

Amendment 🔲 No **Yes**

1. Committee Full Name (and Fund if applicable)	2. Type of	Report	3. ID Number
Start of Election Cycle: January 1,		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$	\$
<u>RECEIPTS</u>			
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, 13	5, 16 and 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract 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)	\$	\$