

# 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   |   |
| Re-Elect Theron McLabe for Commissioner   |                  | 5CD607   |   |
| b. Mailing Address (include City, State and Zip Code)   |                  | d. Date Organized                                      |   |
| 521 Ferry Road<br>Havelock, NC 28532  |                  | 3/4/14   |   |
|   |                  | e. Phone Number  |   |
|   |                  | 252-447-5257   |   |
| 2. Candidate Information  |                  |  |   |
| <input type="checkbox"/> Candidate's Primary Committee  |                  |  |   |
| a. Full Name  |                  | e. Candidate ID Number                                 | f. Party Affiliation  |
| Theron Lee McLabe   |                  | 5CD607   | DEM<br><small>(Indicate Non-partisan if applicable)</small> |
| b. Mailing Address (include City, State, and Zip Code)  |                  | g. Office Sought                                       |   |
| 521 Ferry Road, Havelock, NC 28532  |                  | Commissioner District 5                                |   |
| c. Phone Number   | d. Email Address | h. Next Election Year                                  | i. Jurisdiction   |
| 252-447-5257  |                  | 2014   | District 5  |
| <input type="checkbox"/> Email copy of notices  |                  |  |   |
| 3. Treasurer Information  |                  | 4. Custodian of Books Information                      |   |
| a. Full Name  |                  | a. Full Name   |   |
| Theron Lee McLabe   |                  |  |   |
| b. Mailing Address (include City, State, and Zip Code)  |                  | b. Mailing Address (include City, State, and Zip Code) |   |
| 521 Ferry Road<br>Havelock, NC 28532  |                  |  |   |
| c. Phone Number   | d. Email Address | c. Phone Number  | d. Email Address  |
| 252-447-5257  |                  |  |   |
| 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                                 |   |
| a. Full Name  |                  | a. Financial Institution Full Name                     |   |
|   |                  | First Citizens Bank                                    |   |
| b. Mailing Address (include City, State, and Zip Code)  |                  | b. Purpose   |   |
|   |                  | CAMPAIGN   |   |
| c. Phone Number   | d. Email Address | c. Account Code  | d. Type   |
|   |                  | 1  | checking  |
| <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. |                  |  |   |
| Theron McLabe   |                  | Theron McLabe  |   |
| Printed Name of Signer  |                  | Signature of Appointed Treasurer                       |   |
|   |                  | 6/19/14  |   |
|   |                  | Date   |   |

JUL 07 2014



North Carolina  
 State Board of Elections  
 441 N Harrington Street  
 Raleigh, NC 27603

RECEIVED MAR 04 2014

Kim Westbrook Strach  
 Executive Director

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: Theron McCabe  
 Treasurer Name: Theron McCabe  
 Treasurer Address: 521 Ferry Rd  
 (include city, state, & zip) Havelock, NC 28538  
 \_\_\_\_\_  
 Treasurer Phone: 447-5257

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).

3/4/14  
 Date Signed

Theron McCabe  
 Signature of Candidate

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



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**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.

**FILED BY:**

Committee Name: Re-Elect Theron McCabe for Commissioner  
 Treasurer Name: Theron McCabe  
 Treasurer Address: 521 Ferry Road  
 (include city, state, & zip) Havelock, NC 28532  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 252-447-5257

**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.

6/19/14  
 Date Signed

Theron McCabe  
 Signature

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

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**Certification to Return to Active Status**

This Certification is used by Candidate, Party, PACs and Referendum Committees which have previously filed the Certification of Inactive Status and now wish to return to an active status.

**FILED BY:**

Committee Name:

Re-Elect Theron McCabe for Commissioner

Treasurer Name:

Theron McCabe

Treasurer Address:

521 Ferry Road

(include city, state, & zip)

Havelock, NC 28532

Treasurer Phone:

252-447-5257

I certify that the above named candidate/political committee, which has been of **inactive status** and exempt from filing disclosure reports, intends to accept contributions and/or make expenditures. This intention of activity alters the status of the above named candidate/political committee to **active status** and requires such committee to begin filing disclosure on the appropriate schedule. All contributions received and/or expenditures made that have not been previously reported will be disclosed on the next scheduled report and all subsequent reports will be filed as scheduled. An amended Statement of Organization (CRO-2100 A-G) must accompany this form.

3/4/14  
Date Signed

Theron McCabe  
Signature

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