





# 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

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## 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



# 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).

**Name of Entity**  
(Select from §163-278.16B(a))

**Plan for Disbursement (eg. Amount or %)**

- |          |       |
|----------|-------|
| 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: \_\_\_\_\_

# Disclosure Report Cover

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

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)		9. Type of Report (Check only one type of report from one category)	
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund			
<input type="checkbox"/> Building Fund			
<input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance		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: _____	<input type="checkbox"/> Normal Mail	
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail	
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered	
		<input type="checkbox"/> Electronically Filed	
		<input type="checkbox"/> Signer has not received mandatory training	
<b>Please Note:</b> 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

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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	
<b>Start of Election Cycle: January 1, _____</b>		<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
4) Cash on Hand at Start			
<b><u>RECEIPTS</u></b>			
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)			
<b><u>EXPENDITURES</u></b>			
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)			
<b><u>ADDITIONAL INFORMATION</u></b>			
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)		