

# Statement of Organization – Candidate Committee

Is this statement:  
 New  Amended

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

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

JAN 14 2022

<b>1. Committee Information</b>			
a. Name of Committee		d. ID Number	
Committee to Elect JUAN C. Beltran			
b. Mailing Address (include City, State and Zip Code)		c. Date Organized	
330 Bellat Ct Tarawa Terrace NC 28543			
c. Committee Website (Optional)		f. Phone Number	
<b>2. Candidate Information</b>			
a. Full Name		e. Party Affiliation	
Juan Carlos Beltran		NON PARTISON	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
330 Bellat Ct Tarawa Terrace NC 28543			
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
		2022	
<input type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name		a. Full Name	
Same as above			
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
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>5. Custodian of Books Information (Keeper of Records)</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
Juan Beltran		NFCU	
b. Mailing Address (include City, State, and Zip Code)			
330 Bellat Ct Tarawa Terrace NC 28543			
c. Phone Number	d. Email Address	b. Account Code	c. Type
910-382-7055	juancarlosbeltraw100@gmail.com		
<input type="checkbox"/> Email copy of report notices			

I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.

Juan C. Beltran  
 Printed Name of Treasurer

J C Beltran  
 Signature of Appointed Treasurer

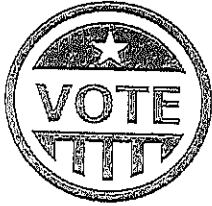
01/14/22  
 Date

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

Juan C. Beltran  
 Printed Name of Candidate

J C Beltran  
 Signature of Candidate

01/14/22  
 Date



# 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: Committee to Elect Juan C. BELTRAN

Treasurer Name: Juan C. Beltran

Treasurer Address: 330 Bellot Ct  
 (include city, state, & zip) Terrace Terrace NC 28543

Treasurer Phone: 910-382-705

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
Savings	NFCU	Western Blvd Jacksonville NC		

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

1/14/22  
Date Signed

[Signature]  
Signature of Candidate or Treasurer

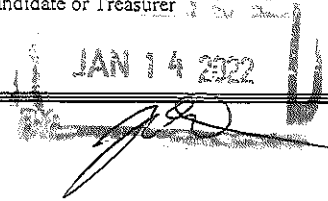
**For Candidate Committees Only**

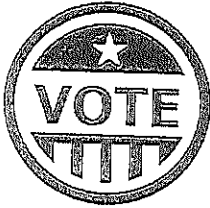
In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for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

## 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:

Committee to Elect Juan C. Bellon

Treasurer Name:

Juan C. Bellon

Treasurer Address:

330 Bellat Ct

(include city, state, & zip)

Tarawa Terrace NC 28543

Treasurer Phone:

910-382-7055

Check One:

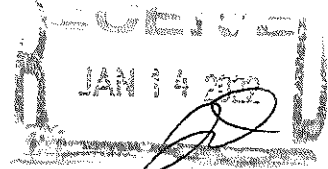
I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 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.

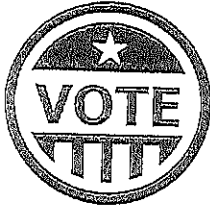
THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

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.

1/14/22  
Date Signed

J C Bellon  
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: Joan C. Beltran

Committee Name: \_\_\_\_\_

Treasurer Name: Joan C. Beltran

If Candidate is own treasurer, designate an agent to carry out designations: \_\_\_\_\_

Committee ID#: \_\_\_\_\_

Level Registered: [State] [County] If county, specify: \_\_\_\_\_

I, Joan C. Beltran, hereby direct that in the event of my death or incapacity all

(Name of Candidate)

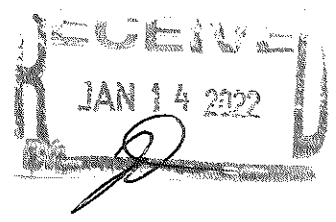
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

<u>Name of Entity</u> <i>(Select from §163-278.16B(a))</i>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Soup Kitchen</u>	<u>50%</u>
2. <u>Red Cross</u>	<u>50%</u>
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: J. C. Beltran

Date: 01/14/22



# Disclosure Report Cover

Amendment  
 Yes  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.

<b>1. Committee Information</b>	
a. Full Name <u>Juan C. Beltran</u>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <u>330 Bellat Ct Tarawa Terrace NC 28543</u>	d. Date Filed
	e. Phone Number <u>910-382-7055</u>

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (Check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input checked="" type="checkbox"/> Organizational	<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"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<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)**

Booster Fund  
 Building Fund  
 Other:

**8. Number of Fundraisers this Report**  
0

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name <u>NFCU</u>	a. Financial Institution Full Name <u>Navy Federal Credit Union</u>	b. Purpose <u>Campaign Funds</u>	b. Purpose <u>Campaign Funds</u>
Account Number <u>1034596203</u>	Account Number	c. Account Code	c. Account Code
d. Period Begin Balance	d. Period Begin Balance	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.

Juan C. Beltran Printed Name of Signer  
J C Beltran Signature of Appointed Treasurer  
1/14/22 Date

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Employee: \_\_\_\_\_ Delivery Method  
 Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed  
 Signer has not received mandatory training

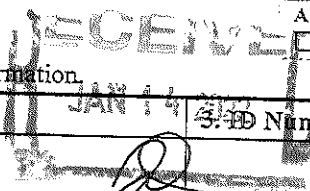
Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_  
 Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_  
 Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_

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

Amendment  Yes  No

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



1. Committee Full Name (and Fund if applicable) <b>Juan C. Beltrán</b>	2. Type of Report	3. ID Number
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Start of Election Cycle: <b>January 1, _____</b>	Total this Reporting Period	Total this Election Cycle
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4) Cash on Hand at Start		Total this Reporting Period	Total this Election Cycle
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)		0	0
6) Contributions from Individuals (CRO-1210)		0	0
7) Contributions from Political Party Committees (CRO-1220)		0	0
8) Contributions from Other Political Committees (CRO-1230)		0	0
9) Loan Proceeds (CRO-1410)		0	0
10) Refunds/Reimbursements to the Committee (CRO-1240)		0	0
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		0	0
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		0	0
11c) Outside Sources of Income (CRO-1250)		0	0
11d) Legal Expense Fund - Other Sources (CRO-1270)		0	0
11e) Exempt Purchase Price Sales (CRO-1265)		0	0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		0	0

13) Disbursements		Total this Reporting Period	Total this Election Cycle
<b>EXPENDITURES</b>			
13a) Operating Expenditures (CRO-1310)		0	0
13b) Contributions to Candidates/Political Committees (CRO-1310)		0	0
13a) Coordinated Party Expenditures (CRO-1310)		0	0
14) Aggregated Non-Media Expenditures (CRO-1315)		0	0
15) Loan Repayments (CRO-1420)		0	0
16) Refunds/Reimbursements from the Committee (CRO-1320)		0	0
17) In-Kind Contributions (CRO-1510)		0	0
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		0	0
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		0	0

20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		Total this Reporting Period	Total this Election Cycle
<b>ADDITIONAL INFORMATION</b>			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		0	0
22) Debts and Obligations owed by the Committee (CRO-1610)		0	0
23) Debts and Obligations owed to the Committee (CRO-1620)		0	0
24) Account Transfers Within the Committee (CRO-1720)		0	0
25) Administrative Support (CRO-1710)		0	0
26) Forgiven Loans (CRO-1440)		0	0
27) 48-Hour Notice Reports Sum (CRO-2220)		0	0
28) Contributions to be Refunded (CRO-1215)		0	0

# Contributions from Individuals

Pg \_\_\_\_\_ of \_\_\_\_\_

Amendment  Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable) <b>JCO JCO Committee to Elect Juan C. Beltrán</b>	2. ID Number
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>330 Bellat Ct Tavara Terrace NC 28543</b>	b. Job Title/Profession <b>Senior Logistician</b>	c. Employer's Name/Specific Field <b>Naval System Inc.</b>	d. Comments <b>JAN 1 1997</b> 
e. Election Sum to Date \$ <b>0</b>			

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$ <b>0</b>
<input type="checkbox"/>					\$ <b>0</b>
<input type="checkbox"/>					\$ <b>0</b>

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments
e. Election Sum to Date \$			

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$ <b>0</b>
<input type="checkbox"/>					\$ <b>0</b>
<input type="checkbox"/>					\$ <b>0</b>

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments
e. Election Sum to Date \$			

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$ <b>0</b>
<input type="checkbox"/>					\$ <b>0</b>
<input type="checkbox"/>					\$ <b>0</b>

4. Total only this Page	\$ <b>0</b>
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ <b>0</b>