

RECEIVED
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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).

Amendment
 Yes No

1. Committee Information			
a. Full Name		c. ID Number	
COMMITTEE TO ELECT Thomasine Moore		JHCWZW	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
410 New Bridge Street, Suite 12 JACKSONVILLE, NC 28540		2-28-2018	
		e. Phone Number	
		910-3477060	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Thomasine E. Moore		JHCWZW	Democrat
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
410 New Bridge St. Suite 12 JACKSONVILLE NC 28540		County Commissioner	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
9103477060	TMOORE@THOMASINEMOORE.com	2018	
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Mittie J Gray			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1038 Springville Dr Jacksonville NC 28540			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910/389-0125	mjog@att.net		
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 (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	b. Purpose
		First Bank	Campaign Funds
b. Mailing Address (include City, State, and Zip Code)		c. Account Code	d. Type
		TM	Checking
c. Phone Number		d. Email Address	
<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.			
<u>Mittie J Gray</u> Printed Name of Signer		<u>Mittie J Gray</u> Signature of Appointed Treasurer	<u>03/09/2018</u> Date



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

Kim Westbrook Strach
 Executive Director

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173

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: Thomasine Moore
 Treasurer Name: Mittie J Gray
 Treasurer Address: 1038 Springville Dr
 (include city, state, & zip) Jacksonville NC 28540

 Treasurer Phone: 910/389-0125

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).

3-9-2018
 Date Signed

Thomasine E. Moore
 Signature of Candidate



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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: Thomasine Moore

Committee Name: Committee to Elect Thomasine Moore

Treasurer Name: Mittie J Gray

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

Committee ID #: JHCW2W

Level Registered: [State] County If county, specify: Onslow

I, Thomasine Moore (Name of Candidate) hereby direct that in the event of my death or incapacity all 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 <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>Old North State Foundation</u>	<u>100%</u>
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: Thomasine Moore

Date: 3/9/2018

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.

Amendment
 Yes No

1. Committee Information		
a. Full Name <i>Committee to Elect Thomasine Moore</i>	c. ID Number <i>HC W 2111</i>	
b. Mailing Address (include City, State and Zip Code) <i>410 New Bridge St, Suite 12 JACKSONVILLE NC 28541</i>	d. Date Filed <i>2-28-2018</i>	e. Phone Number <i>910 247 2060</i>

2. Report Year	3. Period Start Date (mm/dd/yy) <i>2-28-2018</i>	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name <i>Mittie J. Gray</i>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	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
		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	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 <i>First Bank</i>	a. Financial Institution Full Name		
b. Purpose <i>Campaign Funds</i>	c. Account Code <i>TM</i>	b. Purpose	c. Account Code
	d. Period Begin Balance <i>\$ 0</i>		d. Period Begin Balance <i>\$</i>

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.

Mittie S. Gray Printed Name of Signer *Mittie S. Gray* Signature of Appointed Treasurer *03/09/2018* Date

FOR OFFICE USE ONLY

Date Received: **RECEIVED** Employee: _____ Delivery Method
 Date Postmarked: **MAR 09 2018** Employee: _____ Normal Mail
 Date Scanned: _____ Employee: _____ Registered Mail
 Date Data Entered: _____ Employee: _____ Hand Delivered
 _____ Employee: _____ 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.