



Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> 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.

1. Committee Information							
a. Name of Committee						d. ID Number	
Chris Thomas for Sheriff							
b. Mailing Address (include City, State and Zip Code)						e. Date Organized	
PO Box 126, Richlands, NC 28574							
c. Committee Website (Optional)						f. Phone Number	
						910-470-2623	
2. Candidate Information							
a. Full Name				e. Party Affiliation			
Christopher D. Thomas				Republican			
b. Mailing Address (include City, State, and Zip Code)				f. Office Sought			
PO Box 126 Richlands, NC 28574				Sheriff of Onslow County			
c. Phone Number		d. Email Address		g. Next Election Year		h. Jurisdiction	
910-470-2623		cdt967@gmail.com		2022			
<input checked="" type="checkbox"/> Email copy of report notices							
3. Treasurer Information				4. Assistant Treasurer Information			
a. Full Name				a. Full Name			
Christopher D. Thomas				Susan Morton			
b. Mailing Address (include City, State, and Zip Code)				b. Mailing Address (include City, State and Zip Code)			
PO Box 126 Richlands, NC 28574				305 Redemption Court Jacksonville, NC 28546			
c. Phone Number		d. Email Address		c. Phone Number		d. Email Address	
910-470-2623		cdt967@gmail.com		910-554-4115		smorton@ec.rr.com	
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
<input checked="" type="checkbox"/> Email copy of report notices				<input checked="" type="checkbox"/> Email copy of report notices			
5. Custodian of Books Information (Keeper of Records)				6. Account Information (incl. CRO-3500)			
a. Full Name				a. Financial Institution Full Name			
Thomas Marshburn				PNC Bank			
b. Mailing Address (include City, State, and Zip Code)							
800 Kensington Dr. Apt 802 Jacksonville, NC 28546							
c. Phone Number		d. Email Address		b. Account Code		c. Type	
910-548-8931		t_marshall@yahoo.com		CDT		Checking	
<input checked="" type="checkbox"/> Email copy of report notices							
<p>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.</p> <p>Susan Morton _____ Printed Name of Treasurer</p> <p><i>Susan Morton</i> _____ Signature of Appointed Treasurer</p> <p>03-08-21 _____ Date</p> <p>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.</p> <p>Christopher D. Thomas _____ Printed Name of Candidate</p> <p><i>Christopher D Thomas</i> _____ Signature of Candidate</p> <p>3-8-2021 _____ Date</p>							



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: Chris Thomas for Sheriff

Treasurer Name: Susan Morton

Treasurer Address: 305 Redemption Court
(include city, state, & zip) Jacksonville, NC 28546

Treasurer Phone: 910-554-4115

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.

2-8-2021
Date Signed

Christopher D Thomas
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: Christopher D. Thomas

Committee Name: Chris Thomas for Sheriff

Treasurer Name: Susan Morton

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

Committee ID #: _____

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

I, Christopher D. Thomas, 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>St. Judes Children Hospital</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: Christopher D Thomas

Date: 2.8.2021



NORTH CAROLINA STATE BOARD OF ELECTIONS

RECEIVED
MAY 16 2021
BY

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: Chris Thomas for Sheriff

Treasurer Name: Susan Morton

Treasurer Address: 305 Redemption Court
(include city, state, & zip) Jacksonville, NC 28546

Treasurer Phone: 910-554-4115

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
Checking	PNC Bank	2885 Western Blvd, Jacksonville NC	5426386871	CDT

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

2-2-2021
Date Signed

Christopher D Thomas
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