

# 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.

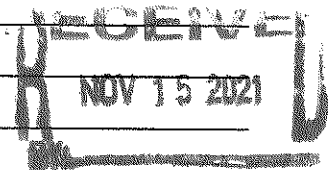
**FILED BY:**

Committee Name: Onslow Protect Our Students

Treasurer Name: Melanie Norvell

Treasurer Address: 1004 Tiffin Ct.  
(include city, state, & zip) Jacksonville, NC 28546

Treasurer Phone: 910-219-4707



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	Union Bank	118 Western Blvd Jacksonville, NC 28546		001

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

11/15/2021

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

CRO-3500

*Certification of Financial Account Information*

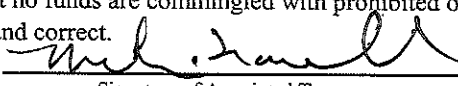
# Statement of Organization - Political Action Committee

Amendment

Yes  No

Use this form to create a new or update an existing political action committee (PAC).

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
Onslow Protect Our Students			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
1004 Tiffin Ct. Jacksonville, NC 28546		1/29/2018	
		e. Phone Number	
		910-219-4707	
<b>2. Political Action Committee Information</b>		<b>3. Connected Organization or Affiliated Committee</b>	
a. Category (Check only one)		a. Full Name	
<input type="checkbox"/> Banking/Finance <input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Environment <input type="checkbox"/> Get Out the Vote <input type="checkbox"/> Health <input type="checkbox"/> Information Technology / Telecommunications <input type="checkbox"/> Insurance <input type="checkbox"/> Legal <input type="checkbox"/> Manufacturing <input type="checkbox"/> Minority <input type="checkbox"/> Political Party not part of Party Plan of Org. <input type="checkbox"/> Religious <input type="checkbox"/> Trade <input type="checkbox"/> Utilities <input checked="" type="checkbox"/> Other / Not listed			
b. Type (Check only one)		b. Mailing Address (include City, State, and Zip Code)	
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Economic Interest <input checked="" type="checkbox"/> Political Purpose			
c. Definition of Type		c. Phone Number	
School Candidate Issues			
		d. Relationship	
d. Member Definition			
<b>4. Treasurer Information</b>		<b>5. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
Melanie Norvell			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1004 Tiffin Ct. Jacksonville, NC 28546			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-219-4707	dnorvell@ec.rr.com		
I prefer to receive notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
<b>6. Assistant Treasurer Information</b>		<b>7. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
		Union Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Polical Action Committee - School Candidate Issues	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		001	Checking
<input type="checkbox"/> Email copy of notices			
<b>CERTIFICATION</b>			
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.			
Melanie Norvell			
Printed Name of Signer		Signature of Appointed Treasurer	
		11/15/2021	
		Date	

RECEIVED  
NOV 15 2021