
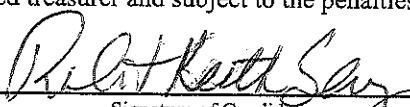


# Statement of Organization - Candidate Committee

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.

<b>1. Committee Information</b>			
a. Name of Committee		d. ID Number	
Robert K. Sandy for City Council		GHCK91	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
2502 Northwoods Drive Jacksonville, NC 28540		12/6/21	
c. Committee Website (Optional)		f. Phone Number	
		910-340-0999	
<b>2. Candidate Information</b>			
a. Full Name		e. Party Affiliation	
Robert Keith Sandy		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
2502 Northwood Drive Jacksonville, NC 28540		Jacksonville City Council	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-340-0999	sandyslawncare@gmail.com	2022	At Large
<input checked="" type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name		a. Full Name	
Robert Sandy			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
2502 Northwoods Drive Jacksonville, NC 28540			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-340-0999	sandyslawncare@gmail.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
<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	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input 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>Robert Keith Sandy                  _____                  Printed Name of Treasurer</p> <p>                  _____                  Signature of Appointed Treasurer</p> <p>12/9/21                  _____                  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>Robert Keith Sandy                  _____                  Printed Name of Candidate</p> <p>                  _____                  Signature of Candidate</p> <p>12/9/21                  _____                  Date</p>			



# 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: Robert K Sandy for City Council

Treasurer Name: Robert K. Sandy

Treasurer Address: 2502 Northwood Drive  
(include city, state, & zip) Jacksonville, NC 28540

Treasurer Phone: 910-340-0999

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 28546		

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

12/15/21  
Date Signed

*Robert K. Sandy*  
Signature of Candidate or Treasurer

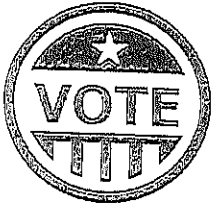
**For Candidate Committees Only**

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:

Robert K. Sandy for City Council

Treasurer Name:

Robert K Sandy

Treasurer Address:

2502 Northwoods Dr.

(include city, state, & zip)

Jacksonville, N.C. 28540

Treasurer Phone:

910 340 0999

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.

1/10/22  
Date Signed

[Signature]  
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: Robert Keith Sandy

Committee Name: Robert K Sandy for City Council

Treasurer Name: Robert K. Sandy

If Candidate is own treasurer, designate an agent to carry out designations: Heidi B. Sandy

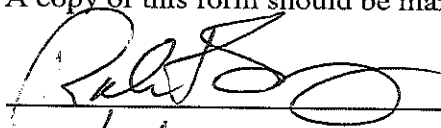
Committee ID #: GHCK91

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

I, Robert Keith Sandy, 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>Onslow County Soup Kitchen</u>	<u>50%</u>
2.	<u>Onslow Boys and Girls Club</u>	<u>50%</u>
3.	<u></u>	<u></u>

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.

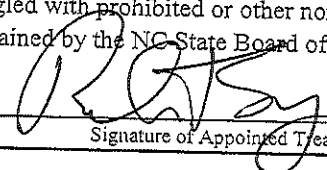
Signature of Candidate: 

Date: 1/10/22

# 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

<b>I. Committee Information</b>				
a. Full Name <b>Committee to Elect Robert K. Sandy</b>			c. ID Number <b>GHCK91</b>	
b. Mailing Address (include City, State and Zip Code) <b>2502 Northwoods Drive Jacksonville, N.C. 28540</b>			d. Date Filed <b>12/16/21</b>	
			e. Phone Number <b>910 340 0999</b>	
2. Report Year <b>2021</b>	3. Period Start Date (mm/dd/yy) <b>12/06/21</b>	4. Period End Date (mm/dd/yy) <b>12/16/21</b>	5. Treasurer Full Name <b>Robert Keith Sandy</b>	
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		<b>Municipal</b> <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special <b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special <b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <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 <b>0</b>				
<b>II. Account Information</b>		<b>II. Account Information</b>		
a. Financial Institution Full Name		a. Financial Institution Full Name		
b. Purpose		b. Purpose		c. Account Code
c. Account Code		c. Account Code		d. Period Begin Balance
d. Period Begin Balance <b>0</b>		d. Period Begin Balance		
<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 and that I have been trained by the NC State Board of Elections.				
<b>Robert K. Sandy</b> Printed Name of Signer		 Signature of Appointed Treasurer		<b>01/12/22</b> Date
<b>FOR OFFICE USE ONLY</b>				
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		
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)	2. Type of Report	3. ID Number	
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start			
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	5	5
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)		5	5
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	5	5
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)		5	5
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			
<b>ADDITIONAL INFORMATION</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)		