

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			
Tripp for Holly Ridge				94C5L2			
b. Mailing Address (include City, State and Zip Code)				e. Date Organized			
809 Lenox Dr Holly Ridge NC, 28445				7/29/23			
c. Committee Website (Optional)				f. Phone Number			
				860-471-2062			
2. Candidate Information							
a. Full Name				e. Party Affiliation			
Nicholas Todd Tripp				Democrat			
b. Mailing Address (include City, State, and Zip Code)				f. Office Sought			
809 Lenox Drive Holly Ridge NC, 28445				TOWN Council			
c. Phone Number		d. Email Address		g. Next Election Year		h. Jurisdiction	
860-471-2062		trippforhollyridge@gmail.com		2023		Holly Ridge	
<input type="checkbox"/> Email copy of report notices							
3. Treasurer Information				4. Assistant Treasurer Information			
a. Full Name				a. Full Name			
Nicholas Todd Tripp							
b. Mailing Address (include City, State, and Zip Code)				b. Mailing Address (include City, State and Zip Code)			
809 Lenox Drive Holly Ridge NC 28445							
c. Phone Number		d. Email Address		c. Phone Number		d. Email Address	
860-471-2062		trippforhollyridge@gmail.com					
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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			
Nicholas Todd Tripp				Costal bank & trust			
b. Mailing Address (include City, State, and Zip Code)				checkin			
809 Lenox Dr Holly Ridge NC 28445				routin			
c. Phone Number		d. Email Address		b. Account Code		c. Type	
860-471-2062		trippforhollyridge@gmail.com				Business	
<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>Nicholas Tripp Printed Name of Treasurer</p>				<p> Signature of Appointed Treasurer</p>		<p>7/29/23 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>Nicholas Tripp Printed Name of Candidate</p>				<p> Signature of Candidate</p>		<p>7/29/23 Date</p>	

RECEIVED
 JUL 31 2023



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: Tripp for Holly Ridge

Treasurer Name: Nicholas Tripp

Treasurer Address: 909 Lerox Drive
 (include city, state, & zip) Holly Ridge NC 28445

Treasurer Phone: 866-471-2062

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 Code
Checking	Costal Bank & Trust	300 N US 17 Holly Ridge, NC 28445	NT

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

7/29/23
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

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: Nicholas Tripp

Committee Name: Tripp for Holly Ridge

Treasurer Name: Nicholas Tripp

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

Committee ID #: _____

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

I, Nicholas Tripp, 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>Onslow County Animal Shelter</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: [Signature]

Date: 7/29/23

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.

1. Committee Information	
a. Full Name <i>Nicholas Todd Trapp</i>	c. ID Number <i>98KSL2</i>
b. Mailing Address (include City, State and Zip Code) <i>804 Lenox Dr Holly Ridge NC 28445</i>	d. Date Filed <i>7/29/23</i>
	e. Phone Number <i>866-471-2082</i>

2. Report Year <i>2023</i>	3. Period Start Date (mm/dd/yy) <i>7/19/23</i>	4. Period End Date (mm/dd/yy) <i>7/29/23</i>	5. Treasurer Full Name <i>Nicholas Trapp</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 type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<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
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
8. Number of Fundraisers this Report <i>0</i>		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>Coastal Bank of NC</i>	a. Financial Institution Full Name	b. Purpose <i>Campaign Funds</i>	b. Purpose
b. Purpose	c. Account Code <i>NT</i>	c. Account Code	c. Account Code
	d. Period Begin Balance <i>\$ 100.00</i>	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.

Nicholas Trapp _____ *[Signature]* _____ *7/29/23* _____
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

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.

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	
<i>Tripp for Holly Ridge</i>	<i>Original</i>	<i>94 CSL2</i>	
Start of Election Cycle: January 1, <u>2023</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ <i>100.00</i>	\$ <i>100.00</i>
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$
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)		\$	\$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$	\$
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)		\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ <i>100.00</i>	\$ <i>100.00</i>
ADDITIONAL INFORMATION			
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)		\$	\$