
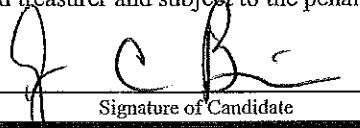


# Statement of Organization - Candidate Committee

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	
Committee to elect Juan Beltran		PHC44U	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
330 BELLAT CT Tarawa Terrace NC 28543		19 July 2023	
c. Committee Website (Optional)		f. Phone Number	
<b>2. Candidate Information</b>			
a. Full Name		e. Party Affiliation	
Juan Beltran		NON PARTISAN	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
330 Bellat Ct Tarawa Terrace NC 28543		City Council Ward 4	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910 382 7055	juvenciosbeltrano@ gmail.com	2023	WARD 4
<input type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name		a. Full Name	
SAME AS ABOVE			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
Send report notices by email <input 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>JUAN C. BELTRAN                  Printed Name of Treasurer</p>		<p>                  Signature of Appointed Treasurer</p>	
		<p>08/01/2023                  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>JUAN C. BELTRAN                  Printed Name of Candidate</p>		<p>                  Signature of Candidate</p>	
		<p>08/01/2023                  Date</p>	

RECEIVED  
 AUG 01 2023  
 BY:



# 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: Juan C. Beltrami

Treasurer Name: SAME

Treasurer Address: 330 Bellat ct  
 (include city, state, & zip) Tarawa Terrace NC 28543

Treasurer Phone: 910-382-7055

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
SAVINGS	NFCU	1171 Western Blvd Jacksonville NC 28546	

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

\_\_\_\_\_  
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.

08/01/2023  
Date Signed

[Signature]  
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: JUAN C. BELTRON

Committee Name: \_\_\_\_\_

Treasurer Name: SAME

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

Committee ID #: 0HCL4U

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

I, JUAN C. BELTRON, 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).

Name of Entity <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>GOP News Club</u>	<u>50%</u>
2. <u>GOP Ladies Club</u>	<u>50%</u>
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: J C. Beltron

Date: 08/01/2023

# 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.

<b>1. Committee Information</b>	
a. Full Name <u>JUAN C. BELTRAN</u>	c. ID Number <u>ØHC44U</u>
b. Mailing Address (include City, State and Zip Code) <u>330 Bellat Ct Tarawa Terrace NC 28543</u>	d. Date Filed <u>19 July 2023</u>
	e. Phone Number <u>910 382 7055</u>

2. Report Year <u>2023</u>	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name <u>JUAN C. BELTRAN</u>
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Organizational Quarterly
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
<b>8. Number of Fundraisers this Report</b>		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
		<input type="checkbox"/> Special	<input type="checkbox"/> Special
		<b>10. Special Report Name</b>	

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name <u>MARY Federal Credit Union</u>	a. Financial Institution Full Name <u>Navy Federal Credit Union</u>	b. Purpose <u>Campaign Funds</u>	b. Purpose
b. Purpose	c. Account Code	c. Account Code	c. Account Code
	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.

JUAN C. BELTRAN J C Beltran 08/01/2023  
 Printed Name of Signer Signature of Appointed Treasurer Date

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Employee: \_\_\_\_\_ Delivery Method  
 Normal Mail  
 Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_  Registered Mail  
 Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_  Hand Delivered  
 Date Data Entered: \_\_\_\_\_ 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.

# 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
Juan C. Beltrao	Organizations	OH44U
Start of Election Cycle: January 1, <u>2023</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ <u>0</u>	\$
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ <u>80.00</u>	\$
6) Contributions from Individuals (CRO-1210)	\$ <u>100.00</u>	\$
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)	\$ <u>180.00</u>	\$
<b>EXPENDITURES</b>		
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)	\$ <u>180.00</u>	\$
<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)	\$	\$

# Aggregated Contributions from Individuals

Amendment	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable) <b>Juan C. Beltrán</b>	2. ID Number <b>04C44U</b>
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3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash	Contributor	07/19/2023	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash	" "	" "	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
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<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$

4. Total only this Page	\$ 80.00
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5. Total of ALL CRO-1205 Pages <small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>	\$ 80.00
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# Contributions from Individuals

Pg 1 of 1

Amendment  Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
JUAN C. BELTRAO						0HC44U	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Wayne Morris</u>  <u>Tuckersville NC.</u>				b. Job Title/Profession <u>Retired</u>		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date \$ <u>100.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ <u>100.00</u>	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ <u>100.00</u>	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							