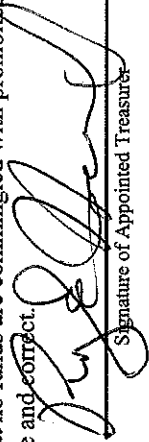


RECEIVED
JUL 22 2019

Amendment
 Yes No

Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.
This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information			
a. Full Name Elect Roy Herrick	c. ID Number DHC648		
b. Mailing Address (include City, State and Zip Code) 109 Cormorant Drive Swansboro, NC 28584			
d. Date Organized 7/15/2019		e. Phone Number 252-531-4427	
2. Candidate Information			
a. Full Name Roy E. Herrick		e. Candidate ID Number DHC648	f. Party Affiliation Non-partisan <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) 109 Cormorant Drive Swansboro, NC 28584			
c. Phone Number 252-531-4427	d. Email Address herrickr@earthlink.net	h. Next Election Year 2019	i. Jurisdiction Swansboro, NC
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information			
a. Full Name Same as above			
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number		d. Email Address	d. Email Address
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
5. Assistant Treasurer Information			
a. Full Name Wells Fargo			
b. Mailing Address (include City, State, and Zip Code) Election Funds			
c. Phone Number		d. Email Address	d. Type Checking
<input type="checkbox"/> Email copy of notices			
6. Account Information <small>(incl. CRO-3500)</small>			
a. Financial Institution Full Name Wells Fargo		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code) Election Funds			
c. Account Code RH		d. Type Checking	
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.			
Printed Name of Signer Roy E. Herrick		Signature of Appointed Treasurer 	
		Date 7/16/2019	



NORTH CAROLINA STATE BOARD OF ELECTIONS

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Roy E. Herrick

Candidate Name:

Roy E. Herrick

Treasurer Name:

109 Cormorant Drive

Treasurer Address:

Swansboro, NC 28584

(include city, state, & zip)

252-531-4427

Treasurer Phone:

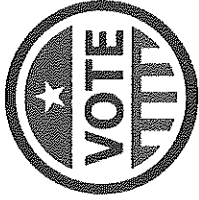
I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

7/16/2019

Date Signed

A handwritten signature in black ink, appearing to read "Roy E. Herrick", written over a horizontal line. Below the line, the text "Signature of Candidate" is printed.



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: Roy E. Herrick

Committee Name: Elect Roy Herrick

Treasurer Name: Roy E. Herrick

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

Committee ID #: DHC648

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

I, Roy E. Herrick (Name of Candidate), 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 (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1.	<u>Return to Contributors</u>	<u>100%</u>
2.	<u></u>	<u></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: 7/16/2019

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 Elect Roy Herrick	c. ID Number DHC648			
b. Mailing Address (include City, State and Zip Code) 109 Cormorant Drive Swansboro, NC 28584				
2. Report Year 2019	3. Period Start Date (mm/dd/yy) 7/15/2019	4. Period End Date (mm/dd/yy) 7/25/2019	5. Treasurer Full Name Roy E. Herrick	
6. Type of Committee (Check One)				
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input 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	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
8. Number of Fundraisers this Report 0		10. Special Report Name		
11. Account Information				
a. Financial Institution Full Name Wells Fargo		a. Financial Institution Full Name		
b. Purpose Election Funds		b. Purpose		
c. Account Code RH		c. Account Code		
d. Period Begin Balance \$ 0		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.				
Roy E. Herrick		7/16/2019		
Printed Name of Signer		Date		
Signature of Appointed Treasurer				
FOR OFFICE USE ONLY				
Date Received:		Employee:		
Date Postmarked:		Employee:		
Date Scanned:		Employee:		
Date Data Entered:		Employee:		
Delivery Method		Delivery Method		
<input type="checkbox"/> Normal Mail		<input type="checkbox"/> Normal Mail		
<input type="checkbox"/> Registered Mail		<input type="checkbox"/> Registered Mail		
<input type="checkbox"/> Hand Delivered		<input type="checkbox"/> Hand Delivered		
<input type="checkbox"/> Electronically Filed		<input type="checkbox"/> Electronically Filed		
Signer has not received mandatory training		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.				

Contributions from Individuals

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

Amendment
 Yes No

Pg _____ of _____

1. Committee Full Name (and Fund if applicable)										2. ID Number	
Elect Roy Herrick										DHC648	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove											
a. Full Name, Mailing Address & Phone (include city, state, & zip)										d. Comments	
Roy Herrick 109 Cormorant Drive Swansboro, NC 28584 252-531-4427											
b. Job Title/Profession Hospitality Consultant											
c. Employer's Name/Specific Field Prime Investments & Development											
e. Election Sum to Date										\$ 705.00	
f. Prior											
g. Account Code											
h. Form of Payment											
i. In-Kind Description											
j. Date (mm/dd/yyyy)										7/15/2019 \$ 5.00	
k. Amount										7/16/2019 \$ 700.00	
l. Amount										\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove											
a. Full Name, Mailing Address & Phone (include city, state, & zip)										d. Comments	
b. Job Title/Profession											
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										\$	
l. Amount										\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove											
a. Full Name, Mailing Address & Phone (include city, state, & zip)										d. Comments	
b. Job Title/Profession											
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										\$	
l. Amount										\$	
4. Total only this Page										\$ 705.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>										\$ 705.00	

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information.

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Elect Roy Herrick		Organizational		DHC648	
Start of Election Cycle: January 1, _____					
4) Cash on Hand at Start		Total this Reporting Period	\$ 0	Total this Election Cycle	\$ 0
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$		\$	
6) Contributions from Individuals	(CRO-1210)	\$	705.00	\$	705.00
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)	\$		\$	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$	705.00	\$	705.00
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)	\$	5.00	\$	5.00
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)		\$	5.00	\$	5.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$	700.00	\$	700.00
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)	\$		\$	



NORTH CAROLINA STATE BOARD OF ELECTIONS

RECEIVED
BY: JUL 22 2019

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: Elect Roy Herrick
Treasurer Name: Roy E. Herrick
Treasurer Address: 109 Cormorant Drive
(include city, state, & zip) Swansboro, NC 28584
Treasurer Phone: 252-531-4427

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	Wells Fargo	301 Wb McLean Dr.	7918871877	RH
		Cape Carteret, NC 28584		

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.
7/16/2019

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