



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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JUL 23 2019

Certification to Return to Active Status

This Certification is used by Candidate, Party, PACs and Referendum Committees which have previously filed the Certification of Inactive Status and now wish to return to an active status.

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

FILED BY:

Committee Name:

Committee to Elect FRANK TORSI

Treasurer Name:

FRANK TORSI

Treasurer Address:

270 R. Lee Frank Dr.

(include city, state, & zip)

Swainsboro NC 28584

Treasurer Phone:

252-244-3505

I certify that the above named candidate/political committee, which has been of **inactive status** and exempt from filing disclosure reports, intends to accept contributions and/or make expenditures. This intention of activity alters the status of the above named candidate/political committee to **active status** and requires such committee to begin filing disclosure on the appropriate schedule. All contributions received and/or expenditures made that have not been previously reported will be disclosed on the next scheduled report and all subsequent reports will be filed as scheduled. An amended Statement of Organization (CRO-2100 A-G) must accompany this form.

7/23/19
Date Signed

Signature

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JUL 28 2019

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 (with amending, only re-submit if applicable).

Amendment
 Yes No

1. Committee Information			
a. Full Name <i>Committee to Elect Frank Torsi</i>		c. ID Number <i>THCNAZ</i>	
b. Mailing Address (include City, State and Zip Code) <i>270 Rinker Road Dr Swainsboro, NC 28584</i>		d. Date Organized <i>7/23/19</i>	
		e. Phone Number <i>252-241-3505</i>	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name <i>FRANK V. TORSI</i>		e. Candidate ID Number <i>THCNAZ</i>	f. Party Affiliation <i>Non-Partisan</i> <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) <i>270 Rinker Road Dr Swainsboro, NC 28584</i>		g. Office Sought <i>Town Commissioner</i>	
c. Phone Number <i>252-241-3505</i>	d. Email Address <i>FRANKTORSI@Fastmail.Ful</i>	h. Next Election Year <i>2019</i>	i. Jurisdiction <i>Swainsboro</i>
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name <i>FRANK TORSI</i>		a. Full Name <i>FRANK TORSI</i>	
b. Mailing Address (include City, State, and Zip Code) <i>SAME</i>		b. Mailing Address (include City, State, and Zip Code) <i>SAME</i>	
c. Phone Number <i>SAME</i>	d. Email Address <i>SAME</i>	c. Phone Number <i>SAME</i>	d. Email Address <i>SAME</i>
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		6. Account Information (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name <i>FIRST Citizens BANK</i>	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose <i>CAMPAIGN FUNDS</i>	
c. Phone Number	d. Email Address	c. Account Code	d. Type <i>Checking</i>
<input type="checkbox"/> Email copy of notices			
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.			
<i>FRANK TORSI</i> Printed Name of Signer		<i>[Signature]</i> Signature of Appointed Treasurer	<i>7/23/19</i> Date



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:

Candidate Name:

FRANK V. TORSI

Treasurer Name:

FRANK V. TORSI

Treasurer Address:

270 R. Lee Road Dr

(include city, state, & zip)

SANDSPRING, NC 28584

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).

7/23/19

Date Signed

Signature of Candidate



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:

Committee of Frank Tarsi

Treasurer Name:

FRANK Tarsi

Treasurer Address:

270 R. Lee Road Dr

(include city, state, & zip)

WOMAS BORO, NC 28554

Treasurer Phone:

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.

7/23/19
Date Signed

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: FRANK TORRESI

Committee Name: Committee to Elect FRANK TORRESI

Treasurer Name: FRANK TORRESI

If Candidate is own treasurer, designate an agent to carry out designations: FRANK TORRESI

Committee ID #: THE NAZ

Level Registered: [State] ~~[County]~~ If county, specify: OKLAHOMA

I, FRANK TORRESI, 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>NC Coastal Federation</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: 7/23/19