

Statement of Organization

1. Name of Committee				7. Date	
2. Address of Committee				8. ID Number	
3. City	4. State	5. Zip	6. Phone	9. Amendment	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Committee <i>(Check one and complete the respective information required below.)</i>					
<input type="checkbox"/> 10. Candidate Committee <i>(If office sought is nonpartisan, write "Nonpartisan" in (d) Party Affiliation.)</i>			<input type="checkbox"/> Primary Candidate Committee		
a. Name of Candidate	b. Candidate ID Number	c. Office	d. Party Affiliation	e. Dist/Cty/Mun	
<input type="checkbox"/> 11. Joint Candidate Committee or Fundraiser			<input type="checkbox"/> Primary Candidate Committee		
a. If Fundraiser, Name of Event			b. If Fundraiser, Event Location		
c. Candidate Names	d. Candidate ID Number	e. Office	f. Party Affiliation	g. Share of Profits	
				%	
				%	
				%	
				%	
<input type="checkbox"/> 12. Party Committee					
a. Type <i>(Check one)</i>				b. Party	
<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Subordinate					
<input type="checkbox"/> 13. General Political Committee					
a. Category <i>(Check one)</i>					
<input type="checkbox"/> Banking/Finance <input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Health <input type="checkbox"/> Manufacturing <input type="checkbox"/> Trade <input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Environment <input type="checkbox"/> Insurance <input type="checkbox"/> Minority <input type="checkbox"/> Utilities <input type="checkbox"/> Religious <input type="checkbox"/> Get Out the Vote <input type="checkbox"/> Legal <input type="checkbox"/> Information Tech/Telecommunications <input type="checkbox"/> Political Party not part of the Party Plan of Organization <input type="checkbox"/> Other:					
b. Type <i>(Check one)</i>			c. Definition of Type		
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Political Purpose <input type="checkbox"/> Economic Interest					
d. Member Definition					
----- Connected Organization or Affiliated Committee -----					
e. Name		f. Mailing Address (include city, state, & zip)		g. Relationship	
<input type="checkbox"/> 14. Referendum Committee					
a. Name of Referendum		b. Referendum Date		c. Declaration <i>(Check one)</i>	
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose	

Statement of Organization [CRO-2100]

Form Description

All political committees will complete this form. It should be the first form completed upon the formation of a committee or filing of a candidate. If the committee checks the box on page two of the form certifying they intend not to receive or expend more than \$3000 during the campaign, they will not be required to file an **Organizational Report** in addition to the **Statement of Organization**. Committees not filing under the threshold will be required to file an **Organizational Report** accompanying the **Statement of Organization**. Any changes in committee information MUST be amended on this form and the entire form must be completed and resubmitted. Any information changed, added, or deleted will be considered as part of the amended report.

Line-by-Line Instructions (page 1)

- LINE 1. Provide the complete name of the committee.
- LINE 2. Provide the complete mailing address of the committee including either a street number and name or post office box number.
- LINE 3. Provide the city of the committee.
- LINE 4. Provide the state of the committee.
- LINE 5. Provide the zip code of the committee.
- LINE 6. Provide the telephone number of the committee including the area code.
- LINE 7. List the date of organization of the committee.
- LINE 8. LEAVE BLANK. An ID Number will be assigned by the Campaign Reporting Office of the appropriate Board of Elections once the Statement of Organization is received. The committee will use this ID Number when providing any other reports or information.
- LINE 9. Check "Yes" if the form being filed is an amendment, or "No" if it is an original filing.
- LINE 10. Check the box if the committee is a Candidate Committee. If this committee is the candidate's primary committee, check the box indicating such.
- Provide the first and last name of the candidate.
 - Provide the candidate's ID number.
 - Provide the office the candidate is seeking.
 - Provide the party affiliation of the candidate.
 - Provide the district, county or municipality in which the office the candidate is seeking is located.
- LINE 11. Check the box if the committee is a Joint Candidate committee or fundraiser. Fields **a** through **g** relate to this. If this committee is the primary committee for all the candidates, check the box indicating such.
- Provide the complete name of the event, if it is a fundraiser.
 - Provide the specific location, city and state of the event, if it is a fundraiser. For example: ABC Community Center, Raleigh, NC.
 - Provide the complete names of each candidate involved.
 - Provide the candidate's ID number for each listed.
 - Provide the office of each candidate involved.
 - Provide the party affiliation of each candidate involved.
 - List the percentage of profits each candidate will receive.
- LINE 12. Check the box if the committee is a Party Committee.
- Check the appropriate box for the type of party committee (National, State, or Subordinate).
 - Provide the party affiliation of the committee.
- Provide the party affiliation of the committee.
- LINE 13. Check the box if the committee is a General Political Committee.
- Check the appropriate box for the category of general political committee. If you check "Other" you must provide a description of the committee category.
 - Check the appropriate box for the type of general political committee. The committee is a parent entity type if officials, employees, or members and their families of any business entity create a PAC. The committee is an economic interest type if the organizer's principle purpose is identifiable as economically based. If the committee has a political interest and is not a parent entity or an economic interest, then it is a political purpose type (this includes the support or opposition of a particular party, candidate, or specific issues).
 - Provide the definition of the type of political committee. Provide the business entity for a parent entity type (eg: The ABC Company PAC would list "ABC Company"), the economic interest for an economic interest type (eg: A group of restaurant workers organizing a PAC would list "to increase the wages of restaurant workers"), and the political purpose for a political purpose type (eg: A group concerned with the environment, organizing a PAC, would list "to support candidates that support environmental issues").
 - Provide the definition of members of the committee (eg: The ABC Company PAC would list "employees of the ABC Company"). The committee may solicit contributions only from defined members of the committee.

*IF there is a connected organization or affiliated committee complete lines 13e, 13f, and 13g.

 - Provide the complete name of the connected organization(s) or affiliated committee(s).
 - Provide the complete mailing address of the connected organization(s) or affiliated committee(s).
 - Provide the relationship of the general political committee to each connected organization(s) or affiliated committee(s).
- LINE 14. Check the box if the committee is a Referendum Committee.
- Provide the complete name of the referendum.
 - List the date the referendum will be voted on.
 - Check either "Support" or "Oppose" if the committee supports or opposes the referendum.

15. Treasurer Information					
a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
g. Email Address					
16. Assistant Treasurer Information					
a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
g. Email Address					
17. Custodian of Books Information					
a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
g. Email Address					
18. Bank/Depository/Credit Account Information					
a. Name	b. Address	c. City	d. State	e. Zip	f. Acct Type & Number
g. Purpose				h. Code	
g. Purpose				h. Code	
19. Certification of Threshold <i>(for Candidate and Party Committees Only)</i>					
<input type="checkbox"/> I certify that this committee intends to neither receive nor expend more than \$3,000 during the campaign under the procedures set forth in G.S. 163-278.10A. This certification will remain until the end of the election cycle for this committee. I further understand that should the above circumstances change at any time during the election cycle, it will be necessary for the person responsible for filing financial reports to immediately notify the appropriate Board of Elections Campaign Reporting Office and to commence filing campaign reports with the next scheduled report; such report to include all funds received and spent since the beginning of the committee's current election cycle. By checking this box, I am not required to file an organizational report.					
<input type="checkbox"/> I am amending this Statement of Organization to withdraw my Certification to remain under the \$3000 threshold. I will now be required to file a report of all contributions and expenditures from the beginning of the election cycle that have not been previously reported. This report will be referred to as a "Threshold Report". I further agree to file all future reports required.					
CERTIFICATION					
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.					
_____ Signature of Appointed Treasurer or Candidate				_____ Date	

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Line-by-Line Instructions (page 2)

LINE 15. Treasurer Information

- a. Provide the first and last name of the treasurer of the committee.
- b. Provide the complete mailing address of the treasurer.
- c. Provide the city of the treasurer.
- d. Provide the state of the treasurer.
- e. Provide the zip code of the treasurer.
- f. Provide the telephone number of the treasurer, including area code.
- g. Provide the email address of the treasurer.

LINE 16. Assistant Treasurer Information (optional)

- a. Provide the first and last name of the assistant treasurer of the committee
- b. Provide the complete mailing address of the assistant treasurer.
- c. Provide the city of the assistant treasurer.
- d. Provide the state of the assistant treasurer.
- e. Provide the zip code of the assistant treasurer.
- f. Provide the telephone number of the assistant treasurer, including area code.
- g. Provide the email address of the assistant treasurer.

LINE 17. Custodian of Books Information

- a. Provide the first and last name of the custodian of books of the committee.
- b. Provide the complete mailing address of the custodian of books.
- c. Provide the city of the custodian of books.
- d. Provide the state of the custodian of books.
- e. Provide the zip code of the custodian of books.
- f. Provide the telephone number of the custodian of books, including area code.
- g. Provide the email address of the custodian of books.

LINE 18. Bank/Depository/Credit Account Information – List each bank, depository, or credit account separately.

- a. Provide the complete name of the bank, depository, or creditor.
- b. Provide the complete mailing address of the bank, depository, or creditor.
- c. Provide the city of the bank, depository, or creditor.
- d. Provide the state of the bank, depository, or creditor.
- e. Provide the zip code of the bank, depository, or creditor.
- f. Provide the account type (checking, savings, CD, money market, credit card, etc.) and account number. For security purposes, if the account is a credit card account, do not provide the credit card number, only the type of credit card (eg. VISA, Mastercard, American Express, etc.). Please realize, the State Board of Elections may request the number for investigative purposes.
- g. Provide the purpose for which this account is used.
- h. Provide the code that is used throughout this report on various forms in the "Account Number/Code" fields that links to this bank, depository, or credit account.

LINE 19. Check the appropriate box that represents how the committee reports in relation to the Threshold statement. This includes either certifying, or amending a certification, that the committee will not receive or expend more than \$3,000 during the campaign as set forth in G.S. 163-278.10A. This line item can only be used by candidate or party committees.

CERTIFICATION – The treasurer or candidate of the committee must certify the report by signing and dating this form.