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COMMITTEE TO ELECT RODNEY D. PIERCE [STA-I5073S-C-001]



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Rodney D. Pierce

Name

171 Wood Glen Road

Address

Roanoke Rapids

North Carolina

27870

City

State

Zip Code

piercefornchouse@gmail.com

252-673-0646

E-Mail Address

Telephone Number

2

Sworn Affidavit

Rodney Pierce

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Halifax County, North Carolina

County and State of Residence

3. I am the:

☒
☐
☐

Authorized Candidate for
Chair of
Secretary of

☐ Treasurer of
☐ Vice-Chair of

Committee to Elect Rodney D. Pierce

Name of Committee



NORTH CAROLINA STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

October 25, 2024

Date of Penalty

2023

Report Year

☐

First Quarter Report

☐

Mid-Year Semiannual Report

☐

Second Quarter Report

☒

Year-End Semiannual Report

☐

Third Quarter Report

☐

Fourth Quarter Report

☐

Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

a. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

In considering factors that the State Board of Elections has as good cause for waiving the civil late penalty, we cite "the late report was the first late report of the committee or the first late report within the last 10 years."

Furthermore, as a first-time candidate for state public office, we were unaware that this report had to be filed between the deadline to file for the 2024 election (December 15, 2023) and New Year's Eve (Dec. 31, 2023) if contributions were received during that period.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

X

Signature of Affiant

10/28/2024

Date

State of North Carolina, County of Hali fax

Sworn to (or affirmed) and subscribed before me,

This 28th day of October, 2024

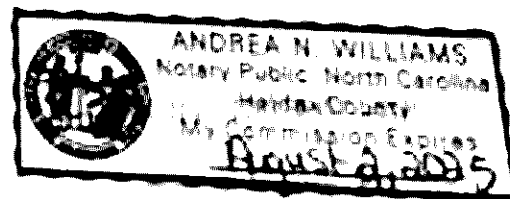
Signature of Notary Public:

Andrea N. Williams

Printed Name of Notary Public:

Andrea N. Williams

My Commission Expires August 2, 2025



INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-I5073S-C-001
Bill to
ANDREA WILLIAMS
COMMITTEE TO ELECT RODNEY D.
PIERCE
4076 THELMA ROAD
ROANOKE RAPIDS, NC 27870

Ship to
ANDREA WILLIAMS
COMMITTEE TO ELECT RODNEY D.
PIERCE
4076 THELMA ROAD
ROANOKE RAPIDS, NC 27870

Invoice details
Invoice no.: 5130
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/24/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2023 Year End Semi-Annual	10	\$50.00	\$500.00
Total						\$500.00

Statement of Organization - Candidate Committee

Is this statement:

☒ New ☐ 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 <u>Committee to Elect Rodney D. Pierce</u>	d. ID Number <u>NG 25 BX</u>
b. Mailing Address (Include City, State and Zip Code) <u>171 Wood Glen Road Roanoke Rapids, N.C. 27870</u>	e. Date Organized <u>12/15/23</u>
c. Committee Website (Optional) <u></u>	f. Phone Number <u>252-673-0646</u>

2. Candidate Information	
a. Full Name <u>Rodney Donte Pierce</u>	b. Party Affiliation <u>Democrat</u>
b. Mailing Address (Include City, State, and Zip Code) <u>171 Wood Glen Road Roanoke Rapids, N.C. 27870</u>	f. Office Sought <u>State Representative</u>
c. Phone Number <u>252-673-0646</u>	d. Email Address <u>pierceforncouse@gmail.com</u>
☐ Email copy of report notices	g. Next Election Year <u>2024</u>
h. Jurisdiction <u></u>	

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name <u>Andrea Nicole Williams</u>	b. Mailing Address (Include City, State, and Zip Code) <u>4076 Thelma Road Roanoke Rapids, N.C. 27870</u>	a. Full Name <u>Pamela Orjalletta Burnett</u>	b. Mailing Address (Include City, State and Zip Code) <u>1923 Glover St. Roanoke Rapids Nc 27870</u>
c. Phone Number <u>252-676-4302</u>	d. Email Address <u>drea0686@gmail.com</u>	c. Phone Number <u>252-462-3403</u>	d. Email Address <u>burnettp5681@gmail.com</u>
Send report notices by email ☒ Yes ☐ No		☒ Email copy of report notices	

5. Custodian of Books Information (Keeper of Records)		6. Account Information (Attach CRO-3500)	
a. Full Name <u>Andrea Nicole Williams</u>	b. Mailing Address (Include City, State, and Zip Code) <u>4076 Thelma Road Roanoke Rapids, N.C. 27870</u>	a. Financial Institution Full Name <u>State Employees Credit Union</u>	
c. Phone Number <u>252-676-4302</u>	d. Email Address <u>drea0686@gmail.com</u>	b. Account Code <u></u>	c. Type <u>Checking</u>
☐ Email copy of report notices			

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.

Andrea Nicole Williams

Printed Name of Treasurer

[Signature]

Signature of Appointed Treasurer

12.15.23

Date

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.

Rodney Pierce

Printed Name of Candidate

[Signature]

Signature of Candidate

12/15/23

Date

FORSYTH DEC [STA-C3881N-C-001]



NORTH CAROLINA STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

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- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

RECEIVED
NOV 15 2024

Sue Ann LANGFITT
Name

1412 Autumn PARK Circle NC STATE BOARD OF ELECTIONS
Address

Winston-Salem, NC 27106
City State Zip Code

treasurer@scdpnc.org 412-653-7814
E-Mail Address Telephone Number

2

Sworn Affidavit

Sue Ann LANGFITT being duly sworn, stated:
Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Forsyth County, North Carolina
County and State of Residence

3. I am the:

- ☐ Authorized Candidate for
☐ Chair of
☐ Secretary of

- ☒ Treasurer of
☐ Vice-Chair of

Scanned 12-03-2024 MW
Forsyth County Democratic Party of NC.
Name of Committee



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

10/25/2024
Date of Penalty

2023 year end
Report Year

- ☐ First Quarter Report
☐ Second Quarter Report
☐ Third Quarter Report
☐ Fourth Quarter Report

- ☐ Mid-Year Semiannual Report
☒ Year-End Semiannual Report
☐ Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

- This report was my first report
- I submitted my electronic report, I believe on time, and mailed the report via certified mail the same day. If the report was late I am unclear if the mailing date is evidence of submission.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

X *Juliana Langford*
Signature of Affiant

11/12/2024
Date

State of North Carolina, County of Forsyth

Sworn to (or affirmed) and subscribed before me,

This _____ day of _____, 20____

Signature of Notary Public:

Printed Name of Notary Public:

My Commission Expires _____

RECEIVED

NOV 15 2024

NC STATE BOARD OF ELECTIONS

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
P.O. Box 17355
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



NORTH CAROLINA
STATE BOARD OF ELECTIONS

STA-C3881N-C-001

Bill to

SUE LANGFITT
FORSYTH DEC
1412 AUTUMN PARK CIR
WINSTON SALEM, NC 27106

Ship to

SUE LANGFITT
FORSYTH DEC
1412 AUTUMN PARK CIR
WINSTON SALEM, NC 27106

Invoice details

Invoice no: 5158

Terms: Net 30

Invoice date: 10/25/2024

Due date: 11/24/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2023 Year End Semi-Annual	10	\$50.00	\$500.00
Total						\$500.00

RECEIVED

NOV 15 2024

NC STATE BOARD OF ELECTIONS



NORTH CAROLINA

STATE BOARD OF ELECTIONS

**AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES**
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

MAR 12 2025

NC STATE BOARD OF ELECTIONS

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- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Sue Ann Langfitt
Name

1412 Autumn Park Circle
Address

Winston-Salem NC 27106
City State Zip Code

treasurer@fcclpc.org 412-653-7814
E-Mail Address Telephone Number

2

Sworn Affidavit

Sue Ann LANGFITT being duly sworn, stated:
Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Forsyth County, North Carolina
County and State of Residence

3. I am the:

- ☐ Authorized Candidate for
☐ Chair of
☐ Secretary of

- ☒ Treasurer of
☐ Vice-Chair of

Forsyth County Democratic Party of North Carolina
Name of Committee

Scanned 03-12/2025 KLU



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

2/20/2025
Date of Penalty

2024
Report Year

☐ First Quarter Report

☐ Mid-Year Semiannual Report

☒ Second Quarter Report

☐ Year-End Semiannual Report

☐ Third Quarter Report

☐ Fourth Quarter Report

☐ Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

I believed I submitted the report in a timely fashion. I was notified that the paper submission was received on time but not the electronic data. I attempted to resend creating a duplicate file. In attempting to rectify this I spoke with the SBE on 7/8, 7/17, 7/24, 7/25, 7/26, 7/29 & 7/30.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

X

Sue Ann Longwell
Signature of Affiant

3/6/2025
Date

State of North Carolina, County of _____

Sworn to (or affirmed) and subscribed before me,

This _____ day of _____, 20____

Signature of Notary Public:

Notary Seal or Seal

Printed Name of Notary Public:

My Commission Expires _____

INVOICE

**NORTH CAROLINA STATE BOARD
OF ELECTIONS**
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-C3881N-C-001

Bill to
SUE LANGFITT
FORSYTH DEC
1412 AUTUMN PARK CIR
WINSTON SALEM, NC 27106

Ship to
SUE LANGFITT
FORSYTH DEC
1412 AUTUMN PARK CIR
WINSTON SALEM, NC 27106

Invoice details

Invoice no.: 6038
Terms: Net 30
Invoice date: 02/20/2025
Due date: 03/24/2025

#	Date	Product or service	Description	Qty	Rate	Amount
1.	02/20/2025	Non-statewide - LATE REPORT	2024 Second Quarter	10	\$50.00	\$500.00
Total						\$500.00

Statement of Organization - Party Committee

Use this form to create a new or update an existing party committee.

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

Amendment

☒ Yes

☐ No

1. Committee Information	
a. Full Name Forsyth County Democratic Party	c. ID Number STA-C3881N-C-001
b. Mailing Address (include City, State and Zip Code) PO Box 20621 Winston-Salem NC 27120	d. Date Organized AUG 09 2023
	e. Phone Number 336-546-7711

2. Party Information	
a. Type ☒ Executive ☐ Affiliated (Caucus) ☐ Subordinate	b. Party Name Democratic Party

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Sue Ann Langfitt	b. Mailing Address (include City, State, and Zip Code) 1412 Autumn Park Cir Winston Salem, NC 27106	a. Full Name	b. Mailing Address (include City, State, and Zip Code)
c. Phone Number (412) 653-7814	d. Email Address s.langfitt@aol.com	c. Phone Number	d. Email Address

I prefer to receive notices by email ☒ Yes ☐ No	☐ Email copy of notices

5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name Kevin Farmer	b. Mailing Address (include City, State, and Zip Code) 3840 N Lakeshore Dr Clemmons, NC 27012	a. Financial Institution Full Name	b. Purpose
c. Phone Number (919) 402-3270	d. Email Address kevin.maxwell.farmer@gmail.com	c. Account Code	d. Type
☒ 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.		
Sue Ann Langfitt		8.3.23
Printed Name of Signer	Signature of Appointed Treasurer	Date

CRO-2100C

NC State Board of Elections

May 2016

SC. 8.9.23.LD

TRUIST FINANCIAL CORPORATION FEDERAL STATE & LOCAL PAC
[FED-006H8I-C-001]



NORTH CAROLINA STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

RECEIVED
NOV 14 2024

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- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Truist Financial Corporation Federal State & Local PAC

Name

1001 Semmes Avenue, 1st Floor

Address

Richmond

VA

23224

City

State

Zip Code

Kevin.Schutte@truist.com

804-291-0783

E-Mail Address

Telephone Number

2

Sworn Affidavit

Kevin Schutte

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Caroline, Virginia

County and State of Residence

3. I am the:

- ☐ Authorized Candidate for
☐ Chair of
☐ Secretary of

- ☒ Treasurer of
☐ Vice-Chair of

Truist Financial Corporation Federal State & Local PAC

Name of Committee

Scanned 12-03-2024 MW



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

October 25, 2024

Date of Penalty

2024

Report Year



First Quarter Report



Mid-Year Semiannual Report



Second Quarter Report



Year-End Semiannual Report



Third Quarter Report



Fourth Quarter Report



Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

A signed paper First Quarter Report was filed on February 27, 2024. There was no North Carolina activity on the report covering January 1, 2024 through February 17, 2024. Our vendor confirmed a longstanding understanding that electronic filing was not required for no activity report.

Truist Financial FSL PAC (FED-006H8I-C-001) has never been assessed a fine in North Carolina, and Federal PACs are no longer required to file State forms with North Carolina. We intend to comply with guidance and provide copies of FEC reports when active in the future.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

x

Signature of Affiant

Date

State of Virginia North Carolina, County of Henrico

Sworn to (or affirmed) and subscribed before me,

This 13th day of November, 2024

Signature of Notary Public:

Monique Lynn Winston

Printed Name of Notary Public:

Monique Lynn Winston

My Commission Expires April 30, 2027

Notary Stamp or Seal

MONIQUE LYNN WINSTON
NOTARY PUBLIC
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES APRIL 30, 2027
COMMISSION # 7557067

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



FED-006H8I-C-001

Bill to
KEVIN SCHUTTE
TRUIST FINANCIAL CORPORATION
FEDERAL STATE & LOCAL PAC
1001 SEMMES AVENUE
5TH FLOOR
RICHMOND, VA 23224

Ship to
KEVIN SCHUTTE
TRUIST FINANCIAL CORPORATION
FEDERAL STATE & LOCAL PAC
1001 SEMMES AVENUE
5TH FLOOR
RICHMOND, VA 23224

Invoice details

Invoice no.: 5379
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/24/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - MISSING REPORT	2024 First Quarter	10	\$50.00	\$500.00

Total \$500.00

Federal Political Committee Statement of Organization

Use this form to create a new or update an existing North Carolina Federal Political Committee
This form must be accompanied by form CRO-3500

Amendment

☒ Yes ☐ No

I. Committee Information

a. Full Name (and Full Name of Candidate if applicable)	c. NC SBE ID Number
Truist Financial Corporation Federal State & Local PAC	FED-006H8I-C-001
b. Mailing Address (include City, State and Zip Code)	d. Date Organized in NC
1001 Semmes Avenue, 5th Floor Richmond, VA 23224	3/11/2022
	e. Phone Number
	804-291-0783

NC STATE BOARD OF
DEC 28 2022
ELECTIONS

2. Parent Entity, Connected Organization, or Affiliated Committee

a. Full Name	
Truist Financial Corporation	
b. Mailing Address (include City, State, and Zip Code)	
214 North Tryon Street, 44th Floor Charlotte, NC 28202	
c. Phone Number	d. Relationship
804-291-0783	Connected Organization

3. Federal ID Number (As registered with the FEC)

a. FEC ID Number	b. Date Organized
C00009639	9/18/1979
4. Type of Connected Organization	
☒ Corporation ☐ Corporation without Capital Stocks ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative	

If the treasurer is not a resident of North Carolina, then a North Carolina resident must be appointed as assistant treasurer.

5. Treasurer Information

a. Full Name	
Kevin Schutte	
b. Mailing Address (include City, State, and Zip Code)	
1001 Semmes Avenue, 1st Floor Richmond, VA 23224	
c. Phone Number	d. Email Address
804-291-0783	Kevin.Schutte@truist.com

6. Custodian of Books Information

a. Full Name	
Debbie Davis	
b. Mailing Address (include City, State, and Zip Code)	
101 North Cherry Street Winston Salem, NC 27101	
c. Phone Number	d. Email Address
336-733-2194	Debbie.Davis@truist.com

7. Assistant Treasurer Information

a. Full Name	☐ Add ☒ Remove
Kevin Schutte	
b. Mailing Address (include City, State, and Zip Code)	
1001 Semmes Avenue, 1st Floor Richmond, VA 23224	
c. Phone Number	d. Email Address
804-291-0783	Kevin.Schutte@truist.com

8. Account Information (incl. CRO-3500)

a. Financial Institution Full Name	☐ Add ☒ Remove
Truist Bank (No Change)	
b. Purpose	
To make Federal, State and Local Contributions	
c. Account Code	d. Type
Checking	Checking

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A. I further say that this report is complete, true and correct.

Kevin Schutte

Printed Name of Signer



Signature of Appointed Treasurer

12/20/2022

Date

CRO-4000

CC 12-27-22

NC State Board of Elections

February 2019

BLADEN DEC [STA-C3858N-C-001]



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

NOV 1 8 2024

NC STATE BOARD OF ELECTIONS

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Bladen County Democratic Party C/O Gloria Purdie, Treasurer

Name

P.O. Box 2434

Address

Elizabethtown

NC

28337

City

State

Zip Code

ambergirl1@spectrum.net

910-876-3204

E-Mail Address

Telephone Number

2

Sworn Affidavit

Gloria Purdie

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Bladen County North Carolina

County and State of Residence

3. I am the:

☐ Authorized Candidate for

☒ Treasurer of

☐ Chair of

☐ Vice-Chair of

☐ Secretary of

Bladen County Democratic Party

Name of Committee

Scanned 12-03-2024 MW



NORTH CAROLINA STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

October 25, 2024

2023

Date of Penalty

Report Year

- ☐ First Quarter Report
☐ Second Quarter Report
☐ Third Quarter Report
☐ Fourth Quarter Report

- ☐ Mid-Year Semiannual Report
☒ Year-End Semiannual Report
☐ Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

I respectfully request the State Board of Elections of North Carolina to grant a waiver of penalty due the the fact that my records indicate that the Year-End Semiannual Report of 2023 was not late with there being a due date of 1/26/2024. The Report was mailed from the United State Postal Service on January 19, 2024, at 11:48am. The expected date of delivery was January 22, 2024 with the tracking number of 9505 5139 2516 4019 4424 16 to be delivered using Priority mail. Penalty assessment letter was not received until October 28, 2024, by certified mail. After speaking with the USPS, I was told that the tracking information could no longer be verified because it remains in the verifiable stage for 120 days. Receipt of this penalty letter was five months after the verifiable

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

&
Jurat

x

Signature of Affiant

Date

State of North Carolina, County of Bladen

Sworn to (or affirmed) and subscribed before me,

This 13 day of November, 2024

Signature of Notary Public:

Chelsie Nicole Butler

Printed Name of Notary Public:

Chelsie Nicole Butler

My Commission Expires April 21 2029

Notary Stamp or Seal

CHELSE NICOLE BUTLER
NOTARY PUBLIC
BLADEN COUNTY
NORTH CAROLINA

Time frame by the USPS. I was also told that any refund of the \$100.00 insurance was expired if the claim was not filed within 90 days of the package delivery. United States Postal Service offered no recourse of action to prove the report was delivered in a timely manner. NC State Board of Elections verified that their records indicate that the package was received and filed in on February 8, 2024, approximately 13 days past the due date of January 26, 2024. Priority mail should not have taken nearly two weeks to deliver when the projected delivery date was within three business days. Please see attached supporting documents to this waiver of penalty request. Bladen County Democratic Party is a small organization whose funds are generated primarily through donations and to pay this penalty would bring a financial hardship. Records would also indicate that since I have been treasurer, all reports have been received in a timely manner and this is the first and only penalty assessment notice received under my duty and responsibility of treasurer for the Bladen County Democratic Party. I respectfully request at this time a waiver of this penalty assessed in the amount of \$350.00 against the Bladen County Democratic Party which is due by November 24, 2024. Thank you.

675



ELIZABETH TOWN
209 S. POPLAR ST.
ELIZABETH TOWN, NC 28337-9213
(800) 275-8777

01/19/2024

11:48 AM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$9.55
Raleigh, NC 27611			
Weight: 0 lb 1.70 oz			
Expected Delivery Date:			
Mon 01/22/2024			
Tracking # [REDACTED]			
Insurance			\$0.00
Up to \$100.00 included			
Total			\$9.55

Grand Total: \$9.55
Personal/Bus Check \$9.55

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit www.usps.com USPS Tracking or call 1-800-222-1811.

Save this receipt as evidence of insurance. For information on filing an insurance claim go to <https://www.usps.com/help/claims.htm> or call 1-800-222-1811.

Preview your Mail
Track your Packages
Sign up for FREE @
<https://informedelivery.usps.com>

All sales final on stamps and postage.
Refunds for guaranteed services only.
Thank you for your business.

Tell us about your experience.
Go to: <https://postalexperience.com/Pos>
or scan this code with your mobile device.



or call 1-800-410-7420.

UFN: 362360-0337
Receipt #: 840-52800646-1-5313472-2
Clerk: 08

INVOICE
NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov

 **STATE BOARD OF ELECTIONS**

STA-C3858N-C-001

Bill to
GLORIA PURDIE
BLADEN DEC
PO BOX 2434
ELIZABETHTOWN, NC 28337

Ship to
GLORIA PURDIE
BLADEN DEC
PO BOX 2434
ELIZABETHTOWN, NC 28337

Invoice details

Invoice no.: 5072
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/24/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2023 Year End Semi-Annual	7	\$50.00	\$350.00
Total						\$350.00

Statement of Organization - Party Committee

Use this form to create a new or update an existing party committee.

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

Amendment

☐ Yes

☒ No

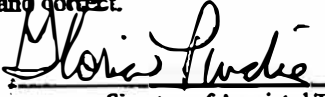
1. Committee Information	
a. Full Name	c. ID Number
BLADEN COUNTY DEMOCRATIC PARTY	STA-C3858N-C-001
b. Mailing Address (Include City, State and Zip Code)	d. Date Organized
P.O. BOX 2434 ELIZABETHTOWN, NC 28337	
	e. Phone Number
	910-876-3204

2. Party Information	
a. Type	b. Party Name
☒ Executive ☐ Affiliated (Caucus) ☐ Subordinate	BLADEN COUNTY DEMOCRATIC PARTY

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name	a. Full Name	a. Full Name	a. Full Name
GLORIA PURDIE	RACHEL MITCHELL		
b. Mailing Address (Include City, State, and Zip Code)	b. Mailing Address (Include City, State, and Zip Code)	b. Mailing Address (Include City, State, and Zip Code)	b. Mailing Address (Include City, State, and Zip Code)
P.O. BOX 2434 ELIZABETHTOWN, NC 28337	2908 WHITE PLAINS CHURCH ROAD COUNCIL, NC 28434		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-876-3204	ambergirl1@spectrum.net	910-879-6665	bertha11@intrstar.net

I prefer to receive notices by email ☒ Yes ☐ No	☒ Email copy of notices

5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name	☐ Add ☐ Remove	a. Financial Institution Full Name	☐ Add ☐ Remove
		FIRST BANK INC	
b. Mailing Address (Include City, State, and Zip Code)	b. Purpose		
	BANK FOR ORGANIZATION FINANCIAL ACCOUNT		
c. Phone Number	d. Email Address	c. Account Code	d. Type
			CHECKING ACCOUNT
☐ 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.		
GLORIA PURDIE		7/26/23
Printed Name of Signer	Signature of Appointed Treasurer	Date

SC-8/3/23 CE

CITIZEN ADVOCATES FOR ACCOUNTABLE GOVERNMENT PAC
[STA-2CA037-C-001]



NORTH CAROLINA STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Aprile Milazzo

Name

3719 NC Hwy 42 W

Address

Clayton

NC

27520

City

State

Zip Code

april@totalconstructionnc.com

9195531332

E-Mail Address

Telephone Number

2

Sworn Affidavit

Aprile Milazzo

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Wake County, NC

County and State of Residence

3. I am the:

- ☐ Authorized Candidate for
☐ Chair of
☐ Secretary of

- ☒ Treasurer of
☐ Vice-Chair of

Citizen Advocates for Accountable Government PAC

Name of Committee

Scanned 12-03-2024 MW



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

10/25/2024

Date of Penalty

2024

Report Year



First Quarter Report



Mid-Year Semiannual Report



Second Quarter Report



Year-End Semiannual Report



Third Quarter Report



Municipal Report



Fourth Quarter Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

I respectfully request a waiver of late penalties for the 2nd Quarter 2024 filing. My report was mailed on February 21, 2024, and confirmed received via email on February 28, 2024. I later refiled electronically and sent wet signatures as required, first on February 29, 2024, and again via certified mail on March 6, 2024. As my report was postmarked before the February 27 deadline, I kindly ask for these penalties to be waived. Thank you for your consideration. respectfully request a waiver of late penalties for the 2nd Quarter 2024 filing. My report was mailed on February 21, 2024, and confirmed received via email on February 28, 2024. Please see the attached proof.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

X

Signature of Affiant

11/13/24
Date

State of North Carolina, County of _____

Sworn to (or affirmed) and subscribed before me,

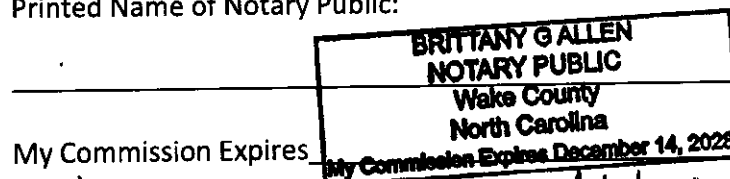
This 13 day of November, 2024

Signature of Notary Public:

Brittany Allen

Notary Stamp or Seal

Printed Name of Notary Public:



My Commission Expires

Scanned 12-03-2024 MW



RECEIVED

NOV 18 2024

NC STATE BOARD OF ELECTIONS

November 13, 2024

Subject: Request for Waiver of Late Report Penalties for 2nd Quarter 2024

To Whom It May Concern:

I am writing to respectfully request a waiver of the late report penalties for the 2nd Quarter 2024 filing. The report was mailed on February 21, 2024, and I received confirmation via email on February 28, 2024, that the report had been received. However, I was subsequently informed that we had become a mandatory electronic filer.

Upon learning this, I promptly began working to comply with the electronic filing requirements. Unfortunately, my new laptop required the filing software to be reloaded, which caused technical issues. I worked with Greg to resolve these issues and had several email exchanges with Yarismar Rosa-Miranda to ensure the process was completed properly.

As instructed, I refiled electronically and submitted wet signatures on February 29, 2024. On March 6, 2024, I was informed the wet signatures had not been received, so I sent them again via regular and certified mail.

I am respectfully requesting a waiver of these penalties as the initial report was postmarked before the February 27, 2024, deadline, and I received confirmation of its receipt on February 28, 2024. The penalties assessed appear to reflect a delay of only three days, which is confusing given the timeline and circumstances outlined above.

Thank you for your understanding and for considering this request. Please let me know if you need any additional documentation or information to support my case.

Sincerely,

A handwritten signature in black ink, appearing to read 'Aprile Milazzo'.

Aprile Milazzo
Treasurer

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-2CA037-C-001

Bill to
APRILE MILAZZO
CITIZEN ADVOCATES FOR ACCOUNTABLE
GOVERNMENT PAC
3719 HIGHWAY 42 WEST
CLAYTON, NC 27520

Ship to
APRILE MILAZZO
CITIZEN ADVOCATES FOR ACCOUNTABLE
GOVERNMENT PAC
3719 HIGHWAY 42 WEST
CLAYTON, NC 27520

Invoice details

Invoice no.: 5419
Terms: Net 30
Invoice date: 11/08/2024
Due date: 12/09/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2024 First Quarter Report	3	\$50.00	\$150.00

Total \$150.00

Statement of Organization - Political Action Committee

Amendment

☐ Yes☒ No

Use this form to create a new or update an existing political action committee (PAC).

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

a. Full Name Citizen Advocates for Accountable Government PAC		c. ID Number STA-2CA037-001	
b. Mailing Address (Include City, State and Zip Code) 3719 Highway 42 West Clayton, NC 27520		d. Date Organized April 22, 2022	
RECEIVED APR 28 2022 CAMPAIGN FINANCE OFFICE STATE BOARD OF ELECTIONS		e. Phone Number 984-297-3304	
1. Committee Information			
a. Category (Check only one) ☐ Banking/Finance ☐ Building/Real Estate ☐ Conservative/Liberal ☐ Environment ☐ Get Out the Vote ☐ Health ☐ Information Technology / Telecommunications ☐ Insurance ☐ Legal ☐ Manufacturing ☐ Minority ☐ Political Party not part of Party Plan of Org. ☐ Religious ☐ Trade ☐ Utilities ☒ Other / Not listed		a. Full Name Citizen Advocates for Accountable Government, Inc.	
b. Type (Check only one) ☐ Parent Entity ☐ Economic Interest ☒ Political Purpose		b. Mailing Address (Include City, State, and Zip Code) 3719 Highway 42 West Clayton, NC 27520	
c. Definition of Type Freedom		c. Phone Number (919) 553-1332	
		d. Relationship Sponsor	
d. Member Definition Board members, employees, agents, donors and supporters of Citizen Advocates for Accountable Government, Inc.			
2. Committee of Donors Information			
a. Full Name Aprile Milazzo		a. Full Name Aprile Milazzo	
b. Mailing Address (include City, State, and Zip Code) 3719 Highway 42 West Clayton, NC 27520		b. Mailing Address (include City, State, and Zip Code) 3719 Highway 42 West Clayton, NC 27520	
c. Phone Number (919) 553-1332		c. Phone Number (919) 553-1332	
d. Email Address		d. Email Address	
I prefer to receive notices by email ☐ Yes ☐ No		☐ Email copy of notices	
3. Financial Institution Information (See CRO-3500)			
a. Full Name KS Bank, Inc.		a. Financial Institution Full Name KS Bank, Inc.	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Checking	
c. Phone Number		c. Account Code 01	
d. Email Address		d. Type Checking	
☐ 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. <u>Aprile Milazzo</u> <u>[Signature]</u> <u>4/27/22</u> Printed Name of Signer Signature of Appointed Treasurer Date			

CRO-2100D

NC State Board of Elections

July 2014

SC:04/28/2022 TB

CORMOS FOR NC SENATE [STA-4J4X15-C-001]



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

john s lobdell

Name

656 Ravenswood Rd

Address

Hampstead

NC

28443

City

State

Zip Code

stratton.lobdell@gmail.com

919-622-1552

E-Mail Address

Telephone Number

2

Sworn Affidavit

john s lobdell

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Pender County, NC

County and State of Residence

3. I am the:

- ☐ Authorized Candidate for
☐ Chair of
☐ Secretary of

- ☒ Treasurer of
☐ Vice-Chair of

RECEIVED

NOV 18 2024

Cormos for NC Senate

NC STATE BOARD OF ELECTIONS

Scanned 12-03-2024 MW
Name of Committee



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on
10/25/24 2023
Date of Penalty *Report Year*

☐ First Quarter Report	☐ Mid-Year Semiannual Report
☐ Second Quarter Report	☒ Year-End Semiannual Report
☐ Third Quarter Report	<u>2023</u>
☐ Fourth Quarter Report	☐ Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

I have resigned from the treasurer role on this committee effective with this communication being received. To our knowledge, there was a paperwork error created by the county office where it was originally filed at the end of 2023. There was significant back and forth at the time which should be on record via email. This committee is being dissolved by the other officers.

The hard copy will be notarized and sent tomorrow.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

X JSL

Signature of Affiant

State of North Carolina, County of Pender

Sworn to (or affirmed) and subscribed before me,
This 12th day of November, 2024

Signature of Notary Public:

Kelly O'Reilly

Printed Name of Notary Public:

Kelly O'Reilly

My Commission Expires 02/07/2027

RECEIVED

NOV 18 2024

NC STATE BOARD OF ELECTIONS

KELLY O'REILLY
Notary Public
North Carolina
Pender County

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-4J4X15-C-001

Bill to
JOHN LOBDELL
CORMOS FOR NC SENATE
656 RAVENSWOOD ROAD
HAMPSTEAD, NC 28443

Ship to
JOHN LOBDELL
CORMOS FOR NC SENATE
656 RAVENSWOOD ROAD
HAMPSTEAD, NC 28443

Invoice details

Invoice no.: 5138
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/24/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2023 Year End Semi-Annual	10	\$50.00	\$500.00
Total						\$500.00

Statement of Organization - Candidate Committee

Is this statement:

☐ New ☒ 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	
CORMOS FOR NC SENATE		4J4X15-C	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
102 Bobwhite Cir., Cape Carteret, NC, 28584		4 Dec 23	
c. Committee Website (Optional)		f. Phone Number	
		910-407-8316	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Maria Elizabeth Cormos		Libertarian	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
102 Bobwhite Cir. Cape Carteret, NC 28584		NC Senate 2nd Dist.	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-407-8316	scormos@onslow.lenc.org	2024	NC Senate 2nd Dist.
☒ Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
BRAD HESSEL		RECEIVED	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
Intellegement, LLC 27615 7904 Sassawood Ct Raleigh NC		JAN 10 2025	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-846-5227	bhessel@intellegement.com		
Send report notices by email ☒ Yes ☐ No		☐ 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	
		(no change)	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
☐ Email copy of report notices			
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. <u>BRAD HESSEL</u> <u>36770</u> <u>6 Jan 25</u> Printed Name of Treasurer Signature of Appointed Treasurer Date 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. <u>MARIA CORMOS</u> <u>Maria Cormos</u> <u>1/6/25</u> Printed Name of Candidate Signature of Candidate Date			

CRO-2100A

NC State Board of Elections

November 2019

Scanned 1/14/25 HB

LGBTQ DEMOCRATS OF ALAMANCE COUNTY [STA-X6KCZ1-C-001]



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Diane Heath

Name

409 Doral Court

Address

Mebane

NC

27302

City

State

Zip Code

dhcmi@yahoo.com

336-512-3135

E-Mail Address

Telephone Number

2

Sworn Affidavit

Diane Heath

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Alamance, North Carolina

County and State of Residence

3. I am the:

- ☐ Authorized Candidate for
☐ Chair of
☐ Secretary of

- ☒ Treasurer of
☐ Vice-Chair of

LGBTQ Democrats of Alamance County

Name of Committee



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

10/25/2024

Date of Penalty

2023

Report Year

☐

First Quarter Report

☐

Mid-Year Semiannual Report

☐

Second Quarter Report

☒

Year-End Semiannual Report

☐

Third Quarter Report

☐

Municipal Report

☐

Fourth Quarter Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

The 2023 Year-End Semiannual Report was sent certified mail on 1/11/2024 and received on 1/25/2024 meeting the deadline of 1/26/24. I did not discover I failed to sign the report until seeing a scanned copy of the email sent to the previous treasurer. This was in May of 2024 and I immediately called the state to get instructions on how to correct. I was told to print another disclosure cover, sign and mail. The corrected report was sent certified mail on 5/9/2024. I am requesting a waiver of the assessment due to the report was filed on time. Even if considered late, this is the first late report our committee has filed.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

X

Signature of Affiant

11/13/2024

Date

State of North Carolina, County of Alamance

Sworn to (or affirmed) and subscribed before me,

This 13th day of November, 2024

Signature of Notary Public:

Printed Name of Notary Public:

Avis Blunt

My Commission Expires 05/11/2027

Notary Stamp or Seal

Avis Blunt
Notary Public
Guilford County, NC
My Commission Expires 5/11/27

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-X6KCZ1-C-001

Bill to
DIANE HEATH
LGBTQ DEMOCRATS OF ALAMANCE
COUNTY
409 DORAL COURT
MEBANE, NC 27302

Ship to
DIANE HEATH
LGBTQ DEMOCRATS OF ALAMANCE
COUNTY
409 DORAL COURT
MEBANE, NC 27302

Invoice details

Invoice no.: 5258
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/24/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2023 Year End Semi-Annual	10	\$50.00	\$500.00

Total \$500.00

Statement of Organization - Party Committee

Use this form to create a new or update an existing party committee.

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

Amendment

☒ Yes

☐ No

1. Committee Information

a. Full Name

LGBTQ Democrats of Alamance County

c. ID Number

STA-X6KCZ1-C-001

b. Mailing Address (include City, State and Zip Code)

409 Doral Court
Mebane, NC 27302

d. Date Organized

7/15/2019

e. Phone Number

410-627-7385

2. Party Information

a. Type

☐ Executive

☒ Affiliated (Caucus)

☐ Subordinate

b. Party Name

3. Treasurer Information

a. Full Name

Diane Heath

b. Mailing Address (include City, State, and Zip Code)

409 Doral Court
Mebane, NC 27302

c. Phone Number

410-627-7385

d. Email Address

lshulack@gmail.com

4. Custodian of Books Information

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

I prefer to receive notices by email ☒ Yes ☐ No

☐ Email copy of notices

5. Assistant Treasurer Information

☐ Add

☐ Remove

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

6. Account Information (incl. CRO-3500)

☐ Add

☐ Remove

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Type

☐ 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.

Diane Heath

Printed Name of Signer

Signature of Appointed Treasurer

1/8/2024

Date

CRO-2100C

NC State Board of Elections

May 2016

Scanned 2/20/24 LA

COMMITTEE TO ELECT BARRY K. HENLINE FOR JUDGE [STA-66W42W-C-001]



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

JUDITH HENLINE

Name

1149 GREENSVIEW CIRCLE

Address

LELAND

NC

28451

City

State

Zip Code

jdhenline@gmail.com

336 520-1817

E-Mail Address

Telephone Number

2

Sworn Affidavit

JUDITH HENLINE

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of BRUNSWICK COUNTY NC

County and State of Residence

RECEIVED

3. I am the:

NOV 18 2024

- ☐ Authorized Candidate for
☐ Chair of
☐ Secretary of

- ☒ Treasurer of
☐ Vice-Chair of

NC STATE BOARD OF ELECTIONS

COMMITTEE TO ELECT BARRY K. HENLINE STA-66W42W-C-001

Name of Committee

Scanned 12-03-2024 MLW



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

10/25/2024 INVOICE NO. 5438

Date of Penalty

2024

Report Year



First Quarter Report



Mid-Year Semiannual Report



Second Quarter Report



Year-End Semiannual Report



Third Quarter Report



Fourth Quarter Report



Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

2024 FIRST QUARTER REPORT was sent Certified Mail on 2/21/2024; however, was notified by email of error in the date. Amendment was sent Certified Mail on February 23, 2024.

ENCLOSURES:

CRO-1000 DISCLOSURE REPORT COVER

CRO-1100 DETAILED SUMMARY

COPIES OF CERTIFIED MAILINGS

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

&
Jurat

X

Judith Henline

Signature of Affiant

11-14-24

Date

State of North Carolina, County of Brunswick

Sworn to (or affirmed) and subscribed before me,

This 14th day of November, 20 24

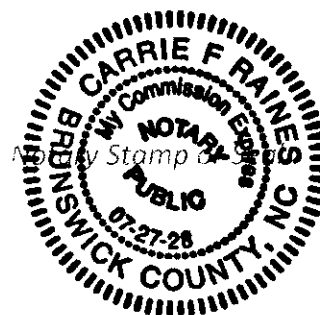
Signature of Notary Public:

Carrie F Raines

Printed Name of Notary Public:

Carrie F Raines

My Commission Expires 07-27-28



2nd Q
Mailed too early



LELAND
1123 VILLAGE RD NE
LELAND, NC 28451-8479
(800)275-8777

06/18/2024

03:12 PM

Product	Qty	Unit Price	Price
First-Class Mail® Letter	1		\$0.68
Raleigh, NC 27611 Weight: 0 lb 0.50 oz Estimated Delivery Date Sat 06/22/2024			
Certified Mail®			\$4.40
Tracking #: 9589 0710 5270 1549 6201 07			
Total			\$5.08

Grand Total: \$5.08

Cash \$5.08

Text vo. u. SPS)
to get the sage
and data rates may apply.

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.
Raleigh, NC 27611

Certified Mail Fee \$4.40
\$0.00
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.68

Total Postage and Fees \$5.08

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

or call 1-800-410-7420.

UFN: 364392-0451
Receipt #: 840-52800699-3-6510721-2
Clerk: 12

2nd Q



LELAND
1123 VILLAGE RD NE
LELAND, NC 28451-8479
(800)275-8777

07/03/2024

11:43 AM

Product	Qty	Unit Price	Price
First-Class Mail® Letter	1		\$0.68
Raleigh, NC 27611 Weight: 0 lb 0.50 oz Estimated Delivery Date Mon 07/08/2024			
Certified Mail®			\$4.40
Tracking #: 9589 0710 5270 1549 6240 37			
Total			\$5.08

Grand Total: \$5.08

Cash \$5.08
Change \$10.00

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.
Raleigh, NC 27611

Certified Mail Fee \$4.40
\$0.00
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.68

Total Postage and Fees \$5.08

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

or call 1-800-410-7420.

UFN: 364392-0451
Receipt #: 840-52800699-1-9402833-2
Clerk: 08



INVOICE

**NORTH CAROLINA STATE BOARD
OF ELECTIONS**
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov

STA-66W42W-C-001

Bill to

JUDITH DOWNS HENLINE
COMMITTEE TO ELECT BARRY K.
HENLINE FOR JUDGE
1149 GREENSVIEW CIRCLE
LELAND, NC 28451

Ship to

JUDITH DOWNS HENLINE
COMMITTEE TO ELECT BARRY K.
HENLINE FOR JUDGE
1149 GREENSVIEW CIRCLE
LELAND, NC 28451

Invoice details

Invoice no.: 5438
Terms: Net 30
Invoice date: 11/08/2024
Due date: 12/09/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2024 First Quarter Report	6	\$50.00	\$300.00
Total						\$300.00

Statement of Organization - Candidate Committee

Is this statement:

☐ New ☒ 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				RECEIVED		d. ID Number	
a. Name of Committee				Committee to Elect Barry K. Henline for Judge		38-4290566	
b. Mailing Address (include City, State and Zip Code)				P.O. Box 15862 Wilmington, NC 28408		e. Date Organized	
c. Committee Website (Optional)				www.barryhenlineforjudge.com		1/27/2023	
2. Candidate Information				NC STATE BOARD OF ELECTIONS		f. Phone Number	
a. Full Name				Barry Keith Henline		910-523-6831	
b. Mailing Address (include City, State, and Zip Code)				370 Yucca Lane Wilmington, NC 28412		e. Party Affiliation	
c. Phone Number				910-523-6831		Republican	
d. Email Address				barrykhenline@outlook.com		f. Office Sought	
☒ Email copy of report notices						Superior Court Judge	
3. Treasurer Information				g. Next Election Year		h. Jurisdiction	
a. Full Name				Judith Downs Henline		2024	
b. Mailing Address (include City, State, and Zip Code)				1149 Greensview Circle Leland, NC 28451		New Hanover Co. 6C	
c. Phone Number				336-520-1817		d. Email Address	
d. Email Address				jdhenline@gmail.com		4. Assistant Treasurer Information	
Send report notices by email ☒ Yes ☐ No				☐ Email copy of report notices		a. Full Name	
5. Custodian of Books Information (Keeper of Records)				6. Account Information (incl. CRO-3500)		a. Full Name	
a. Full Name				Barry Keith Henline		Barry Keith Henline	
b. Mailing Address (include City, State, and Zip Code)				370 Yucca Lane Wilmington, NC 28412		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number				910-523-6831		370 Yucca Lane Wilmington, NC 28412	
d. Email Address				barrykhenline@outlook.com		c. Phone Number	
☒ Email copy of report notices						d. Email Address	
a. Financial Institution Full Name				First Citizens Bank		b. Account Code	
b. Account Code				A		c. Type	
c. Type				Checking			

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.

Judith Downs Henline
Printed Name of Treasurer

Judith Downs Henline 1/7/2024
Signature of Appointed Treasurer Date

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.

Barry Keith Henline
Printed Name of Candidate

Barry Keith Henline 1/7/2024
Signature of Candidate Date

CRO-2100A

NC State Board of Elections

November 2019

Scanned 01-10-2024 NW

MANUFACTURED AND MODULAR HOMEBUILDERS PAC [STA-C3316N-C-001]



NORTH CAROLINA STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1 Information About You

F. Brad Lovin

Name

4911 Departure Drive

Address

Raleigh

NC

27616

City

State

Zip Code

brad@nc-mha.org

919-872-2740

E-Mail Address

Telephone Number

2 Sworn Affidavit

F. Brad Lovin

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Columbus County, NC

County and State of Residence

3. I am the:

- ☐ Authorized Candidate for
☐ Chair of
☐ Secretary of

- ☒ Treasurer of
☐ Vice-Chair of

Manufactured and Modular Homebuilders PAC

Name of Committee



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on
10/25/24

Date of Penalty

2023

Report Year

- ☐ First Quarter Report
☐ Second Quarter Report
☐ Third Quarter Report
☐ Fourth Quarter Report

- ☐ Mid-Year Semiannual Report
☒ Year-End Semiannual Report
☐ Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

The 2023 Year-End Semiannual report was mailed on January 15, 2024 via certified mail and was received in the NCSBE Campaign Finance Office on January 18, 2024 signed by C. Elliott. We filed the report on January 15th, however, due to some email issues, it was not received until February 6th.

Attached you will find the email chain showing that it was received on February 6th by Jane. Also attached is the certified mail receipt showing receipt as of January 18, 2024. See additional pages for more detailed explanation.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

x

Signature of Affiant

Date

State of North Carolina, County of Wake

Sworn to (or affirmed) and subscribed before me,

This 13 day of November, 2024

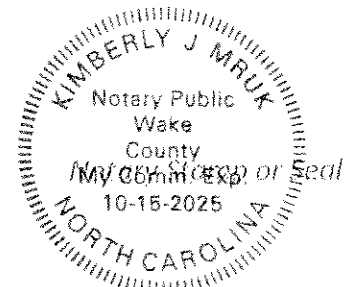
Signature of Notary Public:

Kimberly J Mruk

Printed Name of Notary Public:

Kimberly J Mruk

My Commission Expires 10/15/25



MaHPAC

Manufactured Housing Political Action Committee

P.O. Box 58648 • Raleigh, N.C. 27658-8648 • (919) 872-2740

Affidavit to Request a Waiver of Civil Late Penalties con't

RE: Manufactured and Modular Homebuilders Pac

STA-C3316N-C-001

Report – Year-End Semiannual Report 2023

Additional information in regard to our request of waiver.

1. This late report is the first late report of our committee
2. The late report had nothing to do with an election of a candidate.
3. The late report did not result in any contribution or expenditure not being disclosed to the public.

We thank you in advance of your consideration to waive the penalty of \$350.00



F. Brad Lovin

Manufactured and Modular Homebuilders PAC

Treasurer

Kim Mruk

From: SVC_SBOE.Campaign.Reporting <Campaign.Reporting@ncsbe.gov>
Sent: Tuesday, February 6, 2024 3:24 PM
To: Kim Mruk
Subject: RE: [External] 12/31/23 Year End Data File Report

Hi Brad

This one worked. I will process the report and link it up with the cover page.

Regards
Jane

From: Kim Mruk <Kim@nc-mha.org>
Sent: Tuesday, February 6, 2024 12:59 PM
To: SVC_SBOE.Campaign.Reporting <Campaign.Reporting@ncsbe.gov>
Subject: RE: [External] 12/31/23 Year End Data File Report

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

See if this works

Brad

From: SVC_SBOE.Campaign.Reporting <Campaign.Reporting@ncsbe.gov>
Sent: Tuesday, February 6, 2024 12:15 PM
To: Kim Mruk <Kim@nc-mha.org>
Subject: RE: [External] 12/31/23 Year End Data File Report

This is a hyperlink to a OneDrive location. Our security does not allow us to access a location outside of our network. Please attach the report to an email.

Regards
Jane

From: Kim Mruk <Kim@nc-mha.org>
Sent: Tuesday, February 6, 2024 12:08 PM
To: SVC_SBOE.Campaign.Reporting <Campaign.Reporting@ncsbe.gov>
Subject: [External] 12/31/23 Year End Data File Report

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Here is our year end Data File Report. Please confirm that you received this.

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-C3316N-C-001

Bill to
F LOVIN
MANUFACTURED AND MODULAR
HOMEBUILDERS PAC
PO BOX 58648
RALEIGH, NC 27658-8648

Ship to
F LOVIN
MANUFACTURED AND MODULAR
HOMEBUILDERS PAC
PO BOX 58648
RALEIGH, NC 27658-8648

Invoice details

Invoice no.: 5192
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/24/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2023 Year End Semi-Annual	7	\$50.00	\$350.00

Total \$350.00

Statement of Organization - Political Action Committee

Amendment
☒ Yes ☐ No

Use this form to create a new or update an existing political action committee (PAC).
This form must be accompanied by form CRO-3500.

1. Committee Information			
a. Full Name		c. ID Number	
Manufactured and Modular Homebuilders PAC (formerly Manufactured and Modular Housing PAC)		STA-C3316N-C-001	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
PO Box 58648 Raleigh, NC 27658-8648		FEB 27 2012	
		e. Phone Number	
		919-872-2740	
2. Political Action Committee Information		3. Connected Organization or Affiliated Committee	
a. Category (Check only one)		a. Full Name	
☐ Banking/Finance ☐ Building/Real Estate ☐ Conservative/Liberal ☐ Environment ☐ Get Out the Vote ☐ Health ☐ Information Technology / Telecommunications ☐ Insurance ☐ Legal ☐ Manufacturing ☐ Minority ☐ Political Party not part of Party Plan of Org. ☐ Religious ☐ Trade ☐ Utilities ☐ Other / Not listed		NC Manufactured and Modular Homebuilders Association	
		b. Mailing Address (include City, State, and Zip Code)	
		PO Box 58648 Raleigh, NC 27658-8648	
		c. Phone Number	d. Relationship
		919-872-2740	Parent Entity
b. Type (Check only one)		d. Member Definition	
☐ Parent Entity ☐ Economic Interest ☐ Political Purpose		No Change	
c. Definition of Type			
No Change			
4. Treasurer Information		5. Custodian of Books Information	
a. Full Name		a. Full Name	
No Change		No Change	
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
6. Assistant Treasurer Information		7. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
No Change		PNC Bank (same acct. bank changed name & acct#)	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Checking for receipts & expenses	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		01	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.			
E. Brad Lovin		2/22/12	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	

CRO-2100D

NC State Board of Elections

December 2007

3/7/12 e.

RANDOLPH DEM BUILDING FUND [STA-BB82E3-C-001]



NORTH CAROLINA STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Larry W. Thomas

Name

215 Rivermeade Drive

Address

Archdale

NC

27263

City

State

Zip Code

planzone56@hotmail.com

336-688-5091

E-Mail Address

Telephone Number

2

Sworn Affidavit

Larry W. Thomas

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Randolph County, North Carolina

County and State of Residence

3. I am the:

☐ Authorized Candidate for

☒ Treasurer of

☐ Chair of

☐ Vice-Chair of

☐ Secretary of

RECEIVED

NOV 18 2024

Randolph County Democratic Building Fund

NC STATE BOARD OF ELECTIONS

Name of Committee

Scanned 12-03-2024 RW



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

10/25/2024

2023

Date of Penalty

Report Year

- ☐ First Quarter Report
☐ Second Quarter Report
☐ Third Quarter Report
☐ Fourth Quarter Report

- ☐ Mid-Year Semiannual Report
☒ Year-End Semiannual Report
☐ Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

I am requesting this waiver due to extenuating family circumstances -- specifically, the serious illness and subsequent death of my 93-year-old mother in my hometown of Muncie, Indiana.

Please see the attached sheet for additional information.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

x Lay W. Thomas

Signature of Affiant

11-14-2024

Date

State of North Carolina, County of Guilford

Sworn to (or affirmed) and subscribed before me,

This 14th day of November, 2024

Signature of Notary Public:

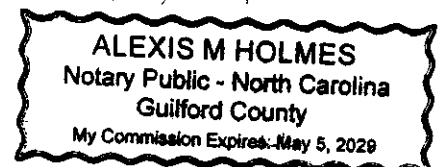
Alexis M. Holmes

Printed Name of Notary Public:

Alexis M. Holmes

My Commission Expires 05/05/2029

Notary Stamp or Seal



ADDITIONAL INFORMATION FOR PARAGRAPH 6

I am requesting this waiver due to extenuating family circumstances -- specifically, the serious illness and subsequent death of my 93-year-old mother in my hometown of Muncie, Indiana.

She was admitted into hospice care in June 2023, and I became her primary caretaker in September 2023. She passed away on Nov. 8, 2023, and I was executor of her estate. Since I'm an only child, virtually all these responsibilities were mine.

Between September 2023 and February 2024, I made approximately a dozen trips to Indiana to deal with a host of issues that could not be addressed remotely. Each trip was a minimum of five days, and many were longer. The trips were especially lengthy in December 2023 and January 2024 when I was preparing her condominium for sale.

As a result of the considerable time I had to be away from home -- in addition to my part-time work as a freelance writer -- I was unable to complete the year-end report for 2023 on time. To the best of my knowledge, this was the first time any report from the Randolph County Democratic Building Fund was not filed in a timely manner.

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-BB82E3-C-001

Bill to
LARRY THOMAS
RANDOLPH DEM BUILDING FUND
215 RIVERMEADE DRIVE
ARCHDALE, NC 27263

Ship to
LARRY THOMAS
RANDOLPH DEM BUILDING FUND
215 RIVERMEADE DRIVE
ARCHDALE, NC 27263

Invoice details

Invoice no.: 5213
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/24/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2023 Year End Semi-Annual	10	\$50.00	\$500.00
Total						\$500.00

Statement of Organization - Party Committee

Amendment
☒ Yes ☐ No

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

1. Committee Information			
a. Full Name		c. ID Number	
RANDOLPH COUNTY DEMOCRATIC BUILDING FUND		STA-BB82E3-C-001	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
PO BOX 4814 ASHEBORO, NC 27204		APR 21 2021	
		e. Phone Number	
		336-629-9003	
2. Party Information			
a. Type		b. Party Name	
☒ Executive ☐ Affiliated (Caucus) ☐ Subordinate			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
LARRY W. THOMAS		SAME AS TREASURER	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
215 RIVERMEADE DRIVE ARCHDALE, NC 27263			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-688-5091	planzone56@gmail.com		
I prefer to receive notices by email ☒ Yes ☐ No		☐ Email copy of notices	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
☒ Add ☐ Remove		☐ Add ☐ Remove	
a. Full Name		a. Financial Institution Full Name	
LOIS K. BOHNSACK			
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
224 ALISON LANE ARCHDALE, NC 27263			
c. Phone Number	d. Email Address	c. Account Code	d. Type
336-687-7972	lkbohnsack@gmail.com		
☐ 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.			
<u>Larry W. Thomas</u> Printed Name of Signer		<u>Larry W. Thomas</u> Signature of Appointed Treasurer	
		<u>4-19-2021</u> Date	

SC 4-22-21 AL

ASIAN AMERICAN PACIFIC ISLANDERS OF THE NCDP [STA-1S16VH-C-001]



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

GRACE GALLOWAY

Name

217 PALASIDE DRIVE NE

Address

CONCORD

NC

28025

City

State

Zip Code

dr.gracie.galloway@gmail.com

980-322-5447

E-Mail Address

Telephone Number

2

Sworn Affidavit

GRACE GALLOWAY

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of CABARRUS COUNTY, NC

County and State of Residence

3. I am the:

☐ Authorized Candidate for

☒ Treasurer of

☐ Chair of

☐ Vice-Chair of

☐ Secretary of

ASIAN AMERICAN PACIFIC ISLANDERS

Name of Committee



2

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

Report Year

☐ Mid-Year Semiannual Report

☐ Year-End Semiannual Report

☐ Municipal Report

PLEASE SEE ATTACHED MEMO OUTLINING CHRONOLOGICAL INFORMATION

3

X Shallanray
Signature of Affiant

2-25-2025
Date

State of North Carolina, County of Cabarrus

Sworn to (or affirmed) and subscribed before me,
This 25th day of February, 2026

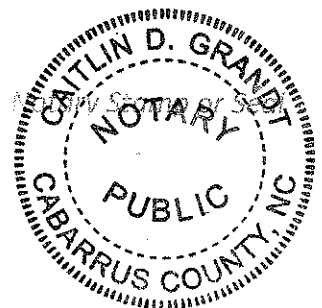
Signature of Notary Public:

Signature of Notary Public:
Catherine D. Grandt

Printed Name of Notary Public:

Carthos D. Grandt

My Commission Expires 05/04/2026



ASIAN AMERICAN PACIFIC ISLANDERS OF NCDP

TO: NC BOARD OF ELECTIONS
FROM: GRACE GALLOWAY, PHD
RE: PENALTY LETTER RECEIVED 10/25/24
DATE: OCTOBER 27, 2024

I am writing to request that this penalty be forgiven for the following reasons:

1. The original campaign finance report was completed and sent in July 25th and this was acknowledged in the attached email from Angelique Lanier. In this email, she advised that the report be resubmitted with corrections of date.
2. This was done and resubmitted July 26th (see the same email thread between myself and Ms. Lanier).
3. On Wednesday July 31, 2024 I received an email from David Quong advising that I had to file electronically.
4. I spent the entire day attempting to download the software to no avail and finally discovered that because I have a MAC computer, that software was not compatible requiring me to purchase a WINDOWS computer just for this.
5. I ordered a Windows computer with projected arrival Monday August 8, 2024. I advised David of this and requested a little leeway but he advised that was not in his wheelhouse and that I should simply explain it to the BOE when the time came.
6. The Windows computer arrived August 7.
7. I spent the entire afternoon of August 7 and half the night downloading and learning how to file electronically and was able to do this successfully August 8, 2024.

I truly feel I did everything I could to file on time and do request this penalty be forgiven. Thank you.



Gracie Galloway <dr.gracie.galloway@gmail.com>

ASIAN AMERICAN PACIFIC ISLANDERS OF THE NCDP

5 messages

Lanier, Angelique C <Angelique.Lanier@ncsbe.gov>
To: Gracie Galloway <dr.gracie.galloway@gmail.com>

Thu, Jul 25, 2024 at 3:05 PM

Our office is in receipt of the 2024 2nd Quarter Disclosure Report that was submitted on behalf of this committee. The Period Start and End Date you have listed on this report is not the correct dates for this reporting period. You listed the covering dates as 2/24/2024 – 7/5/2024. The 2024 2nd Quarter Disclosure Report should cover **2/18/2024 – 6/30/2024**. Because this disclosure report is not covering the correct dates, this report is being scanned as Miscellaneous, and you will need to submit another 2024 2nd Quarter Disclosure Report with the correct dates and signed by the committee's treasurer or assistant treasurer that is on file with our agency.

I am including the 2023/2024 Reporting Schedule for your use.

2023–24 State and County Reporting Schedule

- 2024 Primary Election Date: 03/05/2024
- 2024 General Election Date: 11/05/2024

Report Year	Report Name	Report Start Date	Report End Date	Report Due Date
2023	Mid-Year Semi-Annual	01/01/2023	06/30/2023	07/28/2023
2023	Year-End Semi-Annual	07/01/2023	12/31/2023	01/26/2024
2024	First Quarter Plus	01/01/2024	02/17/2024	02/27/2024
2024	Second Quarter	02/18/2024	06/30/2024	07/10/2024
2024	Third Quarter Plus	07/01/2024	10/19/2024	10/29/2024
2024	Fourth Quarter	10/20/2024	12/31/2024	01/10/2025

If you have any questions, please feel free to contact our office.

Kind Regards,

Angelique Lanier

Campaign Finance Program Analyst

Email: angelique.lanier@ncsbe.gov

Phone: (919) 814-0700



Gracie Galloway <dr.gracie.galloway@gmail.com>
To: "Lanier, Angelique C" <Angelique.Lanier@ncsbe.gov>

Thu, Jul 25, 2024 at 4:47 PM

Go it Angelique. Amendment is on the way

[Quoted text hidden]

--

Gracie Galloway, PhD., FNP-BC
Chair Emerita, AAPI-NC
980-322-5447

Gracie Galloway <dr.gracie.galloway@gmail.com>
To: "Lanier, Angelique C" <Angelique.Lanier@ncsbe.gov>

Thu, Jul 25, 2024 at 9:34 PM

Hi Angelique,

I have a question. I will be sending bak the entire report with just CRO1000 amended. Do I have to mark the other pages as amendments even though there is no change to them?

Thank you.

On Thu, Jul 25, 2024 at 3:05 PM Lanier, Angelique C <Angelique.Lanier@ncsbe.gov> wrote:

[Quoted text hidden]

[Quoted text hidden]

Lanier, Angelique C <Angelique.Lanier@ncsbe.gov>
To: Gracie Galloway <dr.gracie.galloway@gmail.com>

Fri, Jul 26, 2024 at 8:39 AM

Gracie,

You will not be marking the report as an amended report. This report will be treated as the original report because the report that was submitted could not be accepted.

If you have any questions, please feel free to contact our office.

Kind Regards,

Angelique Lanier

Campaign Finance Program Analyst

Email: angelique.lanier@ncsbe.gov

Phone: (919) 814-0700



From: Gracie Galloway <dr.gracie.galloway@gmail.com>
Sent: Thursday, July 25, 2024 9:35 PM
To: Lanier, Angelique C <Angelique.Lanier@ncsbe.gov>
Subject: [External] Re: ASIAN AMERICAN PACIFIC ISLANDERS OF THE NCDP

You don't often get email from dr.gracie.galloway@gmail.com. Learn why this is important

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

[Quoted text hidden]

Gracie Galloway <dr.gracie.galloway@gmail.com>
To: "Lanier, Angelique C" <Angelique.Lanier@ncsbe.gov>

Fri, Jul 26, 2024 at 10:09 AM

OK. I hope we do not get penalized

[Quoted text hidden]

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-1S16VH-C-001

Bill to
GRACE GALLOWAY
ASIAN AMERICAN PACIFIC ISLANDERS
OF THE NCDP
217 PALASIDE DR NE
CONCORD, NC 28025

Ship to
GRACE GALLOWAY
ASIAN AMERICAN PACIFIC ISLANDERS
OF THE NCDP
217 PALASIDE DR NE
CONCORD, NC 28025

Invoice details

Invoice no.: 5876
Terms: Net 30
Invoice date: 02/20/2025
Due date: 03/24/2025

#	Date	Product or service	Description	Qty	Rate	Amount
1.	02/20/2025	Non-statewide - LATE REPORT	2024 Second Quarter	10	\$50.00	\$500.00
Total						\$500.00

Statement of Organization - Party Committee

Amendment



Yes



No

Use this form to create a new or update an existing party committee.

This form must be accompanied by form CRO-3500.

1. Committee Information

a. Full Name	c. ID Number
ASIAN AMERICAN PACIFIC ISLANDERS OF NC DP (AAA-NC DP)	STA 1516VH-1-001
b. Mailing Address (include City, State, and Zip Code)	d. Date Organized
217 PALASIDE DR NE CONCORD NC 28025	7-17-2015
	e. Phone Number
	980-322-0447

2. Party Information

a. Type	b. Party Name
☐ National ☒ State ☐ Subordinate	STATE BOARD OF ELECTIONS AAPI-NC DP

3. Treasurer Information

a. Full Name	a. Full Name
GRACE GALLOWAY	same as Treasurer
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
217 PALASIDE DR NE CONCORD NC 28025	
c. Phone Number	d. Email Address
980-322-5447	dr.gracie.galloway@gmail.com

5. Assistant Treasurer Information

a. Full Name	☐ Add ☐ Remove	b. Purpose
b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number	d. Email Address	c. Account Code
		d. Type

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.

GRACE GALLOWAY, PhD

Printed Name of Signer

Gracie Galloway

Signature of Appointed Treasurer

5-10-17

Date

SCANNED

MAY 23 2017

HH

EAST CAROLINA ANESTHESIA PAC [STA-7391TH-C-001]



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Marc Seelinger

Name

PO Box 1332

Address

Belmont

NC

28012

City

State

Zip Code

finance@marcseelinger.com

919-302-4791

E-Mail Address

Telephone Number

2

Sworn Affidavit

Marc Seelinger, Jr

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Gaston County, NC

County and State of Residence

3. I am the:

- ☐ Authorized Candidate for
☐ Chair of
☐ Secretary of

- ☒ Treasurer of
☐ Vice-Chair of

RECEIVED

NOV 18 2024

East Carolina Anesthesia PAC

Name of Committee

NC STATE BOARD OF ELECTIONS

Scanned 12-03-2024 MW



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

10/25/2024

2023

Date of Penalty

Report Year

☐

First Quarter Report

☐

Mid-Year Semiannual Report

☐

Second Quarter Report

☒

Year-End Semiannual Report

☐

Third Quarter Report

☐

Municipal Report

☐

Fourth Quarter Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

The committee encountered timeliness challenges with its previous campaign finance resource and has since retained a new treasurer to assist with ensuring that future reports are filed in a timely manner. The report in question was filed before the March primary and, the lateness did not impact the disclosure of any receipt or expenditure prior to that election. This is the first waiver requested by the committee this cycle, and the committee will ensure that all future reports will be filed in a timely manner.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

X

Signature of Affiant

Date

State of North Carolina, County of Gaston

Sworn to (or affirmed) and subscribed before me,

This 12th day of November, 2024

Signature of Notary Public:-

Ashley Williams

Printed Name of Notary Public:

Ashley Williams

My Commission Expires 11/01/2027

ASHLEY WILLIAMS

Notary Public

Cleveland Co., North Carolina

My Commission Expires Nov. 1, 2027

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-7391TH-C-001

Bill to
MARC SEELINGER
EAST CAROLINA ANESTHESIA PAC
803 CATHEDRAL DR
BELMONT, NC 28012

Ship to
MARC SEELINGER
EAST CAROLINA ANESTHESIA PAC
803 CATHEDRAL DR
BELMONT, NC 28012

Invoice details

Invoice no.: 5147
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/24/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2023 Year End Semi-Annual	10	\$50.00	\$500.00
Total						\$500.00



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Marc Seelinger

Name

PO Box 1332

Address

Belmont

NC

28012

City

State

Zip Code

finance@marcseelinger.com

919-302-4791

E-Mail Address

Telephone Number

2

Sworn Affidavit

Marc Seelinger, Jr

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Gaston County, NC

County and State of Residence

3. I am the:

☐ Authorized Candidate for

☒ Treasurer of

☐ Chair of

☐ Vice-Chair of

☐ Secretary of

RECEIVED

NOV 18 2024

East Carolina Anesthesia PAC

Name of Committee

NC STATE BOARD OF ELECTIONS

Scanned 12-03-2024 MW



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

11/8/2024

Date of Penalty

2024

Report Year



First Quarter Report



Mid-Year Semiannual Report



Second Quarter Report



Year-End Semiannual Report



Third Quarter Report



Fourth Quarter Report



Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

This report was involved in the same compliance issues that necessitated the fine for the 2023 YE Report. The committee has retained a new treasurer to ensure that future reports are filed timely and that the issues that resulted in these two reports being late do not repeat themselves.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

x

Signature of Affiant

11/12/24

Date

State of North Carolina, County of Gaston

Sworn to (or affirmed) and subscribed before me,

This 12th day of November, 2024

Signature of Notary Public:

Ashley Williams

Printed Name of Notary Public:

Ashley Williams

My Commission Expires 11/01/2027

ASHLEY WILLIAMS

Notary Public

Cleveland Co., North Carolina

My Commission Expires Nov. 1, 2027

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-7391TH-C-001

Bill to
MARC SEELINGER
EAST CAROLINA ANESTHESIA PAC
803 CATHEDRAL DR
BELMONT, NC 28012

Ship to
MARC SEELINGER
EAST CAROLINA ANESTHESIA PAC
803 CATHEDRAL DR
BELMONT, NC 28012

Invoice details

Invoice no.: 5489
Terms: Net 30
Invoice date: 11/08/2024
Due date: 12/09/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2024 First Quarter Report	1	\$50.00	\$50.00
Total						\$50.00

Statement of Organization - Political Action Committee

Amendment

☒ Yes ☐ No

Use this form to create a new or update an existing political action committee (PAC).

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

1. Committee Information		3. Connected Organization or Affiliated Committee	
a. Full Name East Carolina Anesthesia PAC		c. ID Number STA-7391TH-C-001	
b. Mailing Address (include City, State and Zip Code) 2430 Emerald Place Suite 201 Greenville, NC 27834		d. Date Organized 07/03/2024	
		e. Phone Number 919-302-4791	
2. Political Action Committee Information			
a. Category (Check only one)		a. Full Name East Carolina Anesthesia Associates, PLLC	
☐ Banking/Finance ☐ Legal		b. Mailing Address (include City, State, and Zip Code) 2430 Emerald Place, Suite 201 Greenville, NC 27834	
☐ Building/Real Estate ☐ Manufacturing		c. Phone Number 252-752-2140	
☐ Conservative/Liberal ☐ Minority		d. Relationship Partners	
☐ Environment ☐ Political Party not part of Party Plan of Org.			
☐ Get Out the Vote ☐ Religious			
☒ Health ☐ Trade			
☐ Information Technology / Telecommunications ☐ Utilities			
☐ Insurance ☐ Other / Not listed			
b. Type (Check only one)		d. Member Definition Anesthesia Partners	
☒ Parent Entity			
☐ Economic Interest			
☐ Political Purpose			
c. Definition of Type East Carolina Anesthesia			
4. Treasurer Information		5. Custodian of Books Information	
a. Full Name Marc Seelinger		a. Full Name Marc Seelinger	
b. Mailing Address (include City, State, and Zip Code) 803 Cathedral Dr Belmont, NC 28012		b. Mailing Address (include City, State, and Zip Code) 803 Cathedral Dr Belmont, NC 28012	
c. Phone Number 919-302-4791	d. Email Address finance@marcseelinger.com	c. Phone Number 919-302-4791	d. Email Address finance@marcseelinger.com
I prefer to receive notices by email ☒ Yes ☐ No		☒ Email copy of notices	
6. Assistant Treasurer Information		7. Account Information (incl. CRO-3500)	
a. Full Name Christopher Grubb		a. Financial Institution Full Name Truist	
b. Mailing Address (include City, State, and Zip Code) 2430 Emerald Place, Suite 201 Greenville, NC 27834		b. Purpose PAC Funds	
c. Phone Number 252-752-2140	d. Email Address cgrubb@ecaa.com	c. Account Code 1015	d. Type Checking
☒ 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.			
Marc Seelinger, Jr		07/03/2024	
Printed Name of Signer		Signature of Appointed Treasurer	
		Date	

CRO-2100D

NC State Board of Elections

July 2014

MKR

07/08/24

7-5-24

SC: 7/15/24

STANLY REC [STA-C4272N-C-001]



NORTH CAROLINA STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

**Information
About You**

James F. Starnes

Name

609 Mountain Creek Rd

Address

Albemarle

NC

28001

City

State

Zip Code

jim@starnesfinancial.net

704-888-3835

E-Mail Address

Telephone Number

2

Sworn Affidavit

James F. Starnes

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Stanly County, NC

County and State of Residence

3. I am the:

☐ Authorized Candidate for

☒ Treasurer of

☐ Chair of

☐ Vice-Chair of

☐ Secretary of

Stanly REC

Name of Committee

Scanned 12-03-2024 MW



NORTH CAROLINA STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on
10/25/2024 2023

Date of Penalty

Report Year

☐ First Quarter Report	☒ Mid-Year Semiannual Report
☐ Second Quarter Report	☐ Year-End Semiannual Report
☐ Third Quarter Report	
☐ Fourth Quarter Report	☐ Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

This report was due on January 26, 2024, and was timely filed by the attached postage receipt. The USPS Certified Mail return receipt card signed by C. Elliott (also attached) was received February 2, 2024. Pursuant to N.C.G.S 163-278.34(a), reports are timely filed if postmarked on the day the reports are to be delivered to the Board. Since the attached postage receipt documents the timely filing of the report, we request a waiver of this penalty for good cause.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

X

Signature of Affiant

Date

State of North Carolina, County of Stanly

Sworn to (or affirmed) and subscribed before me,
This 12th day of November, 20 24

Signature of Notary Public:

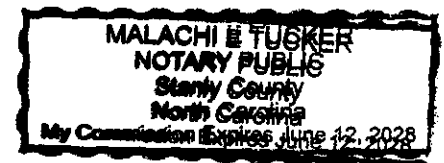
Malachi E. Tucker

Printed Name of Notary Public:

Malachi E. Tucker

My Commission Expires June 12, 2028

11-12-24



Notary Stamp or Seal

RECEIVED

NOV 18 2024

NC STATE BOARD OF ELECTIONS

*James F. Starnes, Treasurer
Stanly REC (GOP)
609 Mountain Creek Rd.
Albemarle, N. C. 28001
704-888-3835*

November 14, 2024

*Office of Administrative Hearings
N. C. State Board of Elections
PO Box 2755
Raleigh, N. C. 27611-7255*

*RE: STA-C4272N-C-001
Stanly GOP*

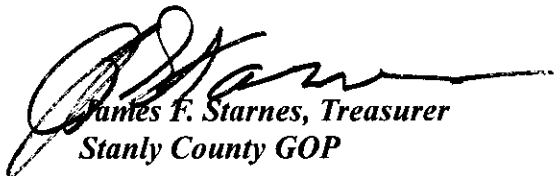
Dear Sir/Madam:

I am in receipt of your letter dated November 8, 2024, regarding a non-statewide LATE REPORT and a proposed assessment of \$300.00. The report in question is the first quarter, 2024 with a due date of February 27, 2024. This report was mailed on February 20, 2024, and picked up in Raleigh, NC on February 23, 2024.

*Attached are Postal Service documents verifying date mailed and received.
As such, the referenced report was indeed timely filed.*

We therefore respectfully request that the proposed assessment of \$300.00 be abated for Good Cause.

Sincerely,


*James F. Starnes, Treasurer
Stanly County GOP*

Tracking Number:

Remove X

70222410000036173370

Copy Add to Informed Delivery (<https://informedelivery.usps.com/>)

Latest Update

Your item was picked up at a postal facility at 10:32 am on February 23, 2024 in RALEIGH, NC 27611.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Delivered, Individual Picked Up at Postal Facility

RALEIGH, NC 27611

February 23, 2024, 10:32 am

See All Tracking History

What Do USPS Tracking Statuses Mean? (<https://faq.usps.com/s/article/Where-is-my-package>)

Feedback

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less ^

Track Another Package

Enter tracking or barcode numbers



STANFIELD
213 W STANLY ST
STANFIELD, NC 28163-9701
(800)275-8777

01/18/2024

10:55 AM

Product	Qty	Unit Price	Price
First-Class Mail®	1		\$1.83
Large Envelope			
Raleigh, NC 27611			
Weight: 0 lb 2.20 oz			
Estimated Delivery Date			
Mon 01/22/2024			
Certified Mail®			\$4.35
Tracking #:			
70210350000230184758			
Return Receipt			\$3.55
Tracking #:			
9590 9402 5346 9154 8223 93			
Total			\$9.73
Grand Total:			\$9.73
Cash			\$20.00
Change			-\$10.27

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit www.usps.com USPS Tracking or call 1-800-222-1811.

Preview your Mail
Track your Packages
Sign up for FREE

<https://informeddelivery.usps.com>

All sales final on stamps and postage.
Refunds for guaranteed services only.
Thank you for your business.

Tell us about your experience.
Go to: <https://postalexperience.com/Pos>
or scan this code with your mobile device.



or call 1-800-410-7420.

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

For delivery information, visit our website at www.usps.com

Raleigh, NC 27611

Certified Mail Fee \$4.35

0508

Extra Services & Fees (check box, add fee to postage)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.83

Total Postage and Fees \$9.73

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7-230-02-000-9047

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*

B. Received by (Printed Name) *[Name]*

C. Is delivery restricted? ☒ Yes ☐ No

D. Is delivery restricted? ☒ Yes ☐ No

NC STATE BOARD OF ELECTIONS

FEB 02 2024

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NCSBE
PO BOX 27255
Raleigh, NC 27611-7255



9590 9402 5346 9154 8223 93

2. Article Number (Transfer from service label)

PSF 7021 0350 0002 3040 4758

UFN: 367384-0508
Receipt #: 840-52800079-1-4193528-1
Clerk: 4



STANFIELD
213 W STANLY ST
STANFIELD, NC 28163-9701
(800)275-8777

02/20/2024 02:19 PM

Product	Qty	Unit Price	Price
First-Class Mail® Large Envelope Conway, SC 29526 Weight: 0 lb 6.70 oz Estimated Delivery Date Thu 02/22/2024	1		\$2.83
Priority Mail® Raleigh, NC 27611 Weight: 0 lb 2.90 oz Expected Delivery Date Thu 02/22/2024	1		\$9.50
Insurance Up to \$100.00 included			\$0.00
Certified Mail® Tracking #: 70222410000036173370			\$4.40
Return Receipt Tracking #: 9590 9402 5346 9154 8224 1G			\$3.65
Total			\$17.55
Grand Total:			\$20.38
Cash			\$21.00
Change			-\$0.62

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit www.usps.com USPS Tracking or call 1-800-222-1811.

Save this receipt as evidence of insurance. For information on filing an insurance claim go to <https://www.usps.com/help/claims.htm> or call 1-800-222-1811

Preview your Mail
Track your Packages
Sign up for FREE @
<https://informedelivery.usps.com>

All sales final on stamps and postage.
Refunds for guaranteed services only.
Thank you for your business.

Tell us about your experience.
Go to: <https://postalexperience.com/Pos>
or scan this code with your mobile device.



or call 1-800-410-7420.

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



NORTH CAROLINA
STATE BOARD OF ELECTIONS

REC'D 11-12-24

STA-C4272N-C-001

Bill to

JAMES STARNES
STANLY REC
609 MOUNTAIN CREEK ROAD
ALBEMARLE, NC 28801

Ship to

JAMES STARNES
STANLY REC
609 MOUNTAIN CREEK ROAD
ALBEMARLE, NC 28801

Invoice details

Invoice no.: 5583
Terms: Net 30
Invoice date: 11/08/2024
Due date: 12/09/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2024 First Quarter Report	6	\$50.00	\$300.00
Total						\$300.00

Statement of Organization - Party Committee

Amendment

☒ Yes ☐ No

Use this form to create a new or update an existing party committee.

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

1. Committee Information

a. Full Name	Stanly County Republican Party	c. ID Number	STAC 4272 NC 001
b. Mailing Address (include City, State and Zip Code)	24536 NC 24/27 Hwy Albemarle, NC 28001	d. Date Organized	03/11/2023
		e. Phone Number	704-888-3835

2. Party Information

a. Type	b. Party Name
☒ Executive ☐ Affiliated (Caucus) ☐ Subordinate	Republican Party

3. Treasurer Information

a. Full Name	a. Full Name
James F. Starnes	James F. Starnes
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
609 Mountain Creek Rd Albemarle, NC 28001	609 Mountain Creek Rd Albemarle, NC 28001
c. Phone Number	d. Email Address
704-888-3835	jim@starnesfinancial.net

I prefer to receive notices by email ☒ Yes ☐ No☒ Email copy of notices

5. Assistant Treasurer Information

a. Full Name	☐ Add ☐ Remove
N/A	
b. Mailing Address (include City, State, and Zip Code)	
N/A	
c. Phone Number	d. Email Address
N/A	N/A
☐ Email copy of notices	

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name	☐ Add ☐ Remove
Uwharrie Bank	
b. Purpose	
Checking	
c. Account Code	d. Type
1	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.

James F. Starnes

Printed Name of Signer

Signature of Appointed Treasurer

03/05/2024

Date

CRO-2100C

NC State Board of Elections

May 2016

Scanned 3/14/24 GA

CASWELL DEC [STA-C3865N-C-001]



NORTH CAROLINA STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
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- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Patricia Warren

Name

PO Box 9

Address

Prospect Hill

City

NC

State

27314

Zip Code

patwarren9@gmail.com

E-Mail Address

336-264-6202

Telephone Number

2

Sworn Affidavit

Patricia Warren

Name

being duly sworn, stated:

RECEIVED 1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

NOV 21 2024 I am a resident of Caswell County North Carolina

NC STATE BOARD OF ELECTIONS

County and State of Residence

3. I am the:

- ☐ Authorized Candidate for
- ☐ Chair of
- ☐ Secretary of

- ☒ Treasurer of
- ☐ Vice-Chair of

Caswell County Democratic Party

Name of Committee

Scanned 12-03-2024 MW



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

10/25/24

Date of Penalty

2023

Report Year

First Quarter Report

Mid-Year Semiannual Report

Second Quarter Report



Year-End Semiannual Report

Third Quarter Report

Fourth Quarter Report

Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

The previous treasurer of the Caswell County Democratic Party [REDACTED] and did not submit the report and did not notify the Executive Committee that the report was not filed. I filed the report shortly after I was appointed treasurer.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

x Patricia B. Warren

Signature of Affiant

11/18/24

Date

State of North Carolina, County of Orange

Sworn to (or affirmed) and subscribed before me,
This 18th day of November, 2024

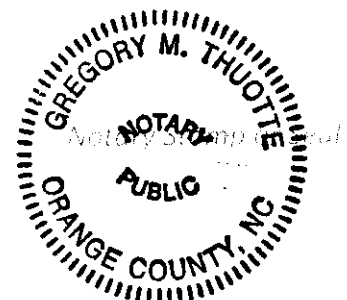
Signature of Notary Public:

[Signature]

Printed Name of Notary Public:

Gregory M. Thuttle

My Commission Expires 3/20/2026



INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-C3865N-C-001

Bill to
PATRICIA G WARREN
CASWELL DEC
36 MAIN STREET
PROSPECT HILL, NC 27314

Ship to
PATRICIA G WARREN
CASWELL DEC
36 MAIN STREET
PROSPECT HILL, NC 27314

Invoice details

Invoice no.: 4899
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/25/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - MISSING REPORT	2023 Year End Semi-Annual	10	\$50.00	\$500.00

Total \$500.00



NORTH CAROLINA STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Patricia Warren

Name

PO Box 9

Address

Prospect Hill

City

patwarren9@gmail.com

E-Mail Address

NC

State

27314

Zip Code

336-264-6202

Telephone Number

2

Sworn Affidavit

Patricia Warren

Name

being duly sworn, stated:

RECEIVED

NOV 21 2024

NC STATE BOARD OF ELECTIONS

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Caswell County North Carolina

County and State of Residence

3. I am the:

- ☐ Authorized Candidate for
☐ Chair of
☐ Secretary of

- ☒ Treasurer of
☐ Vice-Chair of

Caswell County Democratic Party

Name of Committee

Scanned 12-03-2024 MW



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

11/8/2024

Date of Penalty

2024

Report Year



First Quarter Report

Mid-Year Semiannual Report

Second Quarter Report

Year-End Semiannual Report

Third Quarter Report

Fourth Quarter Report

Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

The previous treasurer of the Caswell County Democratic Party [REDACTED] and did not submit the report and did not notify the Executive Committee that the report was not filed, I filed the report shortly after I was appointed treasurer

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

x Patricia B. Warren

Signature of Affiant

11/18/24

Date

State of North Carolina, County of

Orange

Sworn to (or affirmed) and subscribed before me,

This 18th day of November, 2024

Signature of Notary Public:

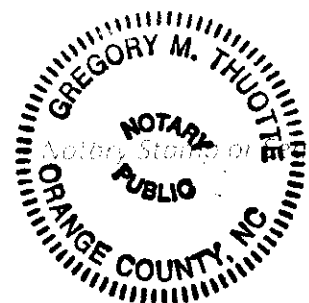
[Signature]

Printed Name of Notary Public:

Gregory M. Thottle

My Commission Expires

3/20/2026



INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-C3865N-C-001

Bill to
PATRICIA G WARREN
CASWELL DEC
36 MAIN STREET
PO BOX 9
PROSPECT HILL, NC 27314

Ship to
PATRICIA G WARREN
CASWELL DEC
36 MAIN STREET
PO BOX 9
PROSPECT HILL, NC 27314

Invoice details

Invoice no.: 5617
Terms: Net 30
Invoice date: 11/08/2024
Due date: 12/09/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2024 First Quarter Report	10	\$50.00	\$500.00

Total \$500.00

Statement of Organization - Party Committee

Amendment

☒ Yes ☐ No

Use this form to create a new or update an existing party committee.

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

1. Committee Information

a. Full Name	RECEIVED	c. ID Number
Caswell County Democratic Party	APR 11 2024	STA-C3865N-C-001
b. Mailing Address (include City, State and Zip Code)	NC STATE BOARD OF ELECTIONS	d. Date Organized
36 Main Street PROSPECT HILL, NC 27314		04/04/2024
		e. Phone Number
		336-264-6202

2. Party Information

a. Type	b. Party Name
☒ Executive ☐ Affiliated (Caucus) ☐ Subordinate	Democratic Party

3. Treasurer Information

a. Full Name	a. Full Name
Patricia B Warren	Patricia B Warren
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
36 Main Street, PO Box 9 PROSPECT HILL, NC 27314	36 Main Street, PO Box 9 PROSPECT HILL, NC 27314
c. Phone Number	c. Phone Number
336-264-6202	336-264-6202
d. Email Address	d. Email Address
PatWarren9@gmail.com	PatWarren9@gmail.com

I prefer to receive notices by email ☒ Yes ☐ No☒ Email copy of notices

5. Assistant Treasurer Information

a. Full Name	☐ Add ☐ Remove	6. Account Information (incl. CRO-3500)	☐ Add ☐ Remove
		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
☐ 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.

Patricia B Warren

Printed Name of Signer

Patricia B Warren

Signature of Appointed Treasurer

04/08/2024

Date

CRO-2100C

NC State Board of Elections

May 2016

Scanned 4/11/24 LA

COMM TO ELECT CHRISTINE UNDERWOOD [STA-Q1ID4S-C-001]



NORTH CAROLINA STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Christine Underwood

Name

127 Plum Heaven Lane

Address

Stony Point

NC

28678

City

State

Zip Code

cunderwoodlaw@yahoo.com

704-880-3811

E-Mail Address

Telephone Number

2

Sworn Affidavit

Christine Underwood

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

RECEIVED

2. I am a resident of Iredell County, North Carolina

NOV 20 2024

County and State of Residence

NC STATE BOARD OF ELECTIONS:

☒ Authorized Candidate for

☒ Treasurer of

☐ Chair of

☐ Vice-Chair of

☐ Secretary of

Committee to Elect Christine Underwood

Scanned 12-03-2024 Name of Committee



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

11/08/2024

Date of Penalty

2024

Report Year



First Quarter Report



Mid-Year Semiannual Report



Second Quarter Report



Year-End Semiannual Report



Third Quarter Report



Municipal Report



Fourth Quarter Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

I acknowledge my Report was filed late. I believe this is the first time I have been tardy with a finance report. My election was uncontested and there was no campaign finance activity during this quarter. The only activity for the whole election was the filing fee. I filed a Certification of Inactive Status along with my first quarter report. The late filing did not result in any contribution or expenditure not being disclosed to the public. The report was due February 27. I honestly didn't think to file the report that early because I was thinking in terms of it covering the first quarter of the year. I filed as soon as I realized the report was past due. I sincerely regret my actions and have learned the importance of timely filing. I beg of you to consider waiving all or some of the penalties.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

x

Christine Uhl

Signature of Affiant

11/18/2024

Date

State of North Carolina, County of Iredell

Sworn to (or affirmed) and subscribed before me,

This 18th day of November, 2024

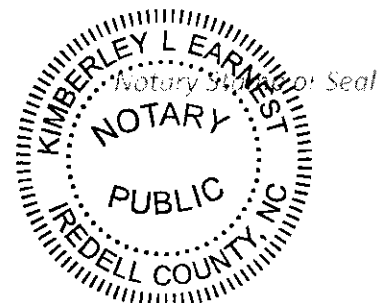
Signature of Notary Public:

Kimberley L. Earnest

Printed Name of Notary Public:

Kimberley L. Earnest

My Commission Expires September 2, 2025



INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-Q1ID4S-C-001

Bill to
CHRISTINE UNDERWOOD
COMM TO ELECT CHRISTINE
UNDERWOOD
127 PLUM HEAVEN LN
STONY POINT, NC 28678

Ship to
CHRISTINE UNDERWOOD
COMM TO ELECT CHRISTINE
UNDERWOOD
127 PLUM HEAVEN LN
STONY POINT, NC 28678

Invoice details

Invoice no.: 5429
Terms: Net 30
Invoice date: 11/08/2024
Due date: 12/09/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2024 First Quarter Report	9	\$50.00	\$450.00

Total \$450.00

Statement of Organization - Candidate Committee

Is this statement:

☐ New ☒ 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 Committee to Elect Christine Underwood	d. ID Number STA-Q1ID4S-C-001
b. Mailing Address (include City, State and Zip Code) 127 Plum Heaven Lane, Stony Point, NC 28678	e. Date Organized 02/22/2008
c. Committee Website (Optional)	f. Phone Number 704-880-3811

2. Candidate Information	
a. Full Name Christine Underwood	e. Party Affiliation Republican
b. Mailing Address (include City, State, and Zip Code) 127 Plum Heaven Lane, Stony Point, NC 28678	f. Office Sought District Court Judge Seat 05
c. Phone Number 704-880-3811	g. Next Election Year 2024
d. Email Address cunderwoodlaw@yahoo.com	h. Jurisdiction 32
☒ Email copy of report notices	

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Christine Underwood	b. Mailing Address (include City, State, and Zip Code) 127 Plum Heaven Lane, Stony Point, NC 28678	a. Full Name none	b. Mailing Address (include City, State and Zip Code)
c. Phone Number 704-880-3811	d. Email Address cunderwoodlaw@yahoo.com	c. Phone Number	d. Email Address
Send report notices by email ☒ Yes ☐ No		☐ Email copy of report notices	

5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name Christine Underwood	b. Mailing Address (include City, State, and Zip Code) 127 Plum Heaven Lane, Stony Point, NC 28678	a. Financial Institution Full Name Wells Fargo	b. Account Code 1
c. Phone Number 704-880-3811	d. Email Address cunderwoodlaw@yahoo.com	c. Type checking	
☒ Email copy of report notices			

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.

Christine Underwood

Printed Name of Treasurer

Christine Underwood

Signature of Appointed Treasurer

12/10/2023

Date

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.

Christine Underwood

Printed Name of Candidate

Christine Underwood

Signature of Candidate

12/10/23

Date

Scanned 12/12/2023 UU

COMMITTEE TO ELECT JUDGE DIANE SURGEON [STA-2L46Y1-C-001]



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1 Information About You

Diane Phillips Surgeon

Name

1112 Laurel Oak Lane

Address

Lumberton

NC

28358

City

State

Zip Code

tdianesurgeon@yahoo.com

910 733-0599

E-Mail Address

Telephone Number

2 Sworn Affidavit

Diane Phillips Surgeon

Name

being duly sworn, stated:

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

RECEIVED

2. I am a resident of Robeson County North Carolina

NOV 20 2024

County and State of Residence

NC STATE BOARD OF ELECTIONS

- I am the:
- ☐ Authorized Candidate for
 - ☐ Chair of
 - ☐ Secretary of

- ☒ Treasurer of
- ☐ Vice-Chair of

Committee to Elect Judge Diane Surgeon

Scanned 12-03-2024 MW



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

October 25, 2024

2024

Date of Penalty

Report Year



First Quarter Report



Mid-Year Semiannual Report



Second Quarter Report



Year-End Semiannual Report



Third Quarter Report



Municipal Report



Fourth Quarter Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

We have very diligently filed the required reports on time, and this is the first time we have had a late filing. We were having some difficulty with the computer because we had to change the Judicial District Number. We attempted to submit the report by email but apparently it was lost. Upon learning that the report was not received, I immediately called the NCSBE to get guidance and I was told to submit another report. We immediately completed another report and submitted it successfully. This report was due prior to the election and all contributions and expenditures were disclosed to the public. This late reporting was an unintentional mistake, and we respectfully ask for a waiver. Thank you.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

Diane Phillips Surgeon

Signature of Affiant

11-18-24

Date

State of North Carolina, County of Robeson

Sworn to (or affirmed) and subscribed before me,

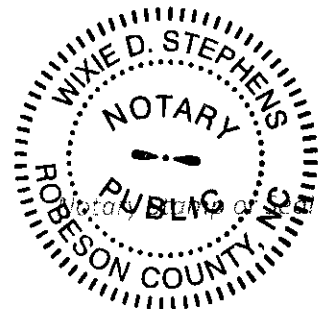
This 18th day of November, 2024

Signature of Notary Public:

Wixie D. Stephens

Printed Name of Notary Public:

Wixie D. Stephens



*The Committee to Elect Judge Diane Phillips Surgeon
PO Box 421
Lumberton, North Carolina 28359 910 733-0599*

November 18, 2024

NC State Board of Elections
PO Box 27255
Raleigh, NC 27611-7255

Dear BOE Representative,

I have completed the attached notarized Affidavit to Request a Waiver of Civil Late Penalties.

I am enclosing a copy of the Invoice received.

I respectfully request a waiver of the penalty.

Sincerely,

A handwritten signature in cursive script that reads "Diane Phillips Surgeon".

Diane Phillips Surgeon
Candidate for District Court Judge

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS

PO Box 27255

Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov

+1 (919) 814-0700

www.ncsbe.gov



NORTH CAROLINA
STATE BOARD OF ELECTIONS

STA-2L46Y1-C-001

Bill to

DIANE PHILLIPS SURGEON

COMMITTEE TO ELECT JUDGE DIANE

SURGEON

1112 LAUREL OAK LANE

LUMBERTON, NC 28358

Ship to

DIANE PHILLIPS SURGEON

COMMITTEE TO ELECT JUDGE DIANE

SURGEON

1112 LAUREL OAK LANE

LUMBERTON, NC 28358

Invoice details

Invoice no.: 5454

Terms: Net 30

Invoice date: 11/08/2024

Due date: 12/09/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2024 First Quarter Report	8	\$50.00	\$400.00
Total						\$400.00

Statement of Organization - Candidate Committee

Is this statement:

☐ New ☒ 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	
Committee to Elect Judge Diane Surgeon			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
1112 Laurel Oak Lane Lumberton, NC 28358		3-20-23	
c. Committee Website (Optional)		f. Phone Number	
		910 733-0599	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Diane Phillips Surgeon		Democratic	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1112 Laurel Oak Lane Lumberton, NC 28358		District Court Judge 20	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910733-0599	tdianesurgeon@yahoo.com	2024	20
☐ Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Diane Phillips Surgeon		Deborah Lindsey	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
1112 Laurel Oak Lane Lumberton, NC 28358		5200 Flynn Drive Lumberton, NC 28360	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910 733-0599	tdianesurgeon@yahoo.com	910 671-0331	dwl2836@gmail.com
Send report notices by email ☐ Yes ☐ No		☐ 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	
Diane Phillips Surgeon		Truist Bank	
b. Mailing Address (include City, State, and Zip Code)			
1112 Laurel Oak Lane Lumberton, NC 28358			
c. Phone Number	d. Email Address	b. Account Code	c. Type
910 733-0599	tdianesurgeon@yahoo.com	1	Checking
☐ Email copy of report notices			
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. Diane Phillips Surgeon _____ 1-21-24 Printed Name of Treasurer Signature of Appointed Treasurer Date 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. Diane Phillips Surgeon _____ 1-21-24 Printed Name of Candidate Signature of Candidate Date			

CRO-2100A

NC State Board of Elections

November 2019

Scanned 01-24-2024 MW

COMMITTEE TO ELECT DAVID A PERRY [STA-0ID8K4-C-001]



NORTH CAROLINA STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

RECEIVED

NOV 18 2024

NC STATE BOARD OF ELECTIONS

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
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- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Gregory D. Grissom, Jr.

Name

2087 Wiggins Village Drive

Address

Youngsville

NC

27596

City

State

Zip Code

gregdgrissom@gmail.com

919-725-2430

E-Mail Address

Telephone Number

2

Sworn Affidavit

Gregory D. Grissom, Jr.

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Franklin County, North Carolina

County and State of Residence

3. I am the:

☐ Authorized Candidate for

☒ Treasurer of

☐ Chair of

☐ Vice-Chair of

☐ Secretary of

Committee to Elect David A. Perry

Name of Committee

SC-11-27-24 AL



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

October 25, 2024

Date of Penalty

2023

Report Year

- ☐ First Quarter Report
☐ Second Quarter Report
☐ Third Quarter Report
☐ Fourth Quarter Report

- ☐ Mid-Year Semiannual Report
☒ Year-End Semiannual Report
☐ Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

This Committee exists in support of the candidate, Mr. Perry, who has sought various state-level offices in the past, e.g., seats in the N.C. General Assembly. After much deliberation, Mr. Perry decided in November 2023 to seek a county-level office on the New Hanover County Board of Education. A new committee was created for that race and has reported to the county and state boards of election from Nov 2023 onward. There have been no contributions received or expenditures made by this Committee after June 30, 2023 besides refunded donations. I was unaware then of the need to either continue submitting disclosure reports for a committee with no activity, or deactivate the committee. We are now closing this Committee with a Final Report.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

X

Signature of Affiant

Date

11/15/2024

State of North Carolina, County of Wake

Sworn to (or affirmed) and subscribed before me,

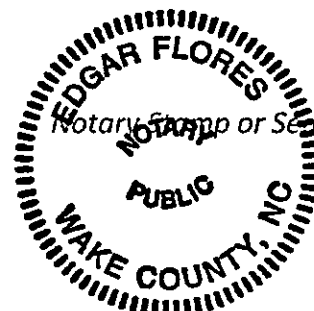
This 15th day of November, 2024

Signature of Notary Public:

Printed Name of Notary Public:

Edgar Flores

My Commission Expires 10-29-28



INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-0ID8K4-C-001

Bill to
GREGORY GRISSOM
COMMITTEE TO ELECT DAVID A PERRY
2087 WIGGINS VILLAGE DRIVE
YOUNGSVILLE, NC 27596

Ship to
GREGORY GRISSOM
COMMITTEE TO ELECT DAVID A PERRY
2087 WIGGINS VILLAGE DRIVE
YOUNGSVILLE, NC 27596

Invoice details

Invoice no.: 5249
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/24/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2023 Year End Semi-Annual	10	\$50.00	\$500.00
Total						\$500.00

Statement of Organization - Candidate Committee

Is this statement:

☐ New ☒ 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	
Committee to Elect David A. Perry		NC STATE BOARD OF	
b. Mailing Address (Include City, State and Zip Code)		c. Date Organized	
4709 Cornus Drive, Wilmington, NC 28412		MAY 08 2023	
c. Committee Website (Optional)		f. Phone Number	
http://perry4nc.com		ELECTIONS	
		910-617-2873	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
David A. Perry		Republican	
b. Mailing Address (Include City, State, and Zip Code)		f. Office Sought	
4709 Cornus Drive Wilmington, NC 28412		NC Senate Senator	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-617-2873	david.perry@perry4nc.com	2024	NC Senate District 7
☒ Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Gregory D. Grissom			
b. Mailing Address (Include City, State, and Zip Code)		b. Mailing Address (Include City, State and Zip Code)	
2087 Wiggins Village Drive Youngsville, NC 27596			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-725-2430	gregdgrissom@gmail.com		
Send report notices by email ☒ Yes ☐ No		☐ 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	
		First Citizens Bank	
b. Mailing Address (Include City, State, and Zip Code)			
		3624 College Rd. Wilmington, NC 28412	
c. Phone Number	d. Email Address	b. Account Code	c. Type
		D	Checking
☐ Email copy of report notices			
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. <u>Gregory D. Grissom, Jr.</u> <u>[Signature]</u> <u>5/3/2023</u> Printed Name of Treasurer Signature of Appointed Treasurer Date 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. <u>David A. Perry</u> <u>[Signature]</u> <u>5/3/2023</u> Printed Name of Candidate Signature of Candidate Date			

DUKES 4 NC [STA-C639D3-C-001]



NORTH CAROLINA STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

BRENDA NEALY

Name

3900 CORNISH GLEN CT.

Address

High Point

City

NC

State

27265

Zip Code

brndnly@aol.com

E-Mail Address

336-870-2661

Telephone Number

2

Sworn Affidavit

BRENDA NEALY

Name

being duly sworn, stated:

RECEIVED

NOV 20 2024

I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

I am a resident of

Guilford NC

County and State of Residence

NC STATE BOARD OF ELECTIONS

3. I am the:

- ☐ Authorized Candidate for
☐ Chair of
☐ Secretary of

- ☒ Treasurer of
☐ Vice-Chair of

Dukes 4 NC

Name of Committee

Scanned 12-03-2024 NW



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

October 25, 2024
Date of Penalty

2023 YEAR END
Report Year

- ☐ First Quarter Report
☐ Second Quarter Report
☐ Third Quarter Report
☐ Fourth Quarter Report

- ☐ Mid-Year Semiannual Report
☒ Year-End Semiannual Report
☐ Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

SEE ATTACHED

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

x Brenda Nealy
Signature of Affiant

11-18-24
Date

State of North Carolina, County of Forsyth

Sworn to (or affirmed) and subscribed before me,
This 18th day of November, 2024

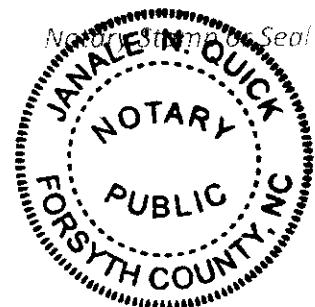
Signature of Notary Public:

Janale N. Quick

Printed Name of Notary Public:

Janale N. Quick

My Commission Expires February 28, 2027



Wavier Statement Question #6

Working for the first time as Treasurer for a candidate, in my haste to make sure the report was in your office by the due date of 1/26/24 I failed to sign the Disclosure Report Cover page. The report was mailed as "next day delivery". Once I received the email regarding the unsigned report cover, I immediately signed it and sent it back in "next day delivery." I wasn't sure if I needed to resend the entire report again and I called and talked to someone in your office (Jason) and was told only to send the unsigned report cover page.

I received your certified letter on Saturday, October 26th . I called Monday, October 28th and talked to David regarding the letter I'd received and was told to call back in two weeks since the third quarter reports had just been filed and everyone was busy addressing them. I called back today, November 18th and again talked to David explaining the matter and was told to go on and complete the Waiver.

Thanks in advance for your assistance.

Brenda Nealy

Treasurer/Dukes 4 NC

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-C639D3-C-001

Bill to
BRENDA NEALY
DUKES 4 NC
3900 CORNISH GLEN CT
HIGH POINT, NC 27265

Ship to
BRENDA NEALY
DUKES 4 NC
3900 CORNISH GLEN CT
HIGH POINT, NC 27265

Invoice details

Invoice no.: 4960
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/25/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - MISSING REPORT	2023 Year End Semi-Annual	10	\$50.00	\$500.00

Total \$500.00

Statement of Organization - Candidate Committee

Is this statement:

☐ New ☐ 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 Dukes 4 NC		d. ID Number	
b. Mailing Address (include City, State and Zip Code) 6424 Rogers Farm Road, Pleasant Garden, NC 27313		e. Date Organized 8-14-23	
c. Committee Website (Optional) www.dukes4nc.com		f. Phone Number 919-407-2622	
2. Candidate Information			
a. Full Name Tanneshia M. Dukes		c. Party Affiliation Democratic Party	
b. Mailing Address (include City, State, and Zip Code) 6424 Rogers Farm Road Pleasant Garden, NC 27313		f. Office Sought North Carolina House of Representatives	
c. Phone Number 919-407-2622	d. Email Address tanneshia.m.dukes@gmail.com	g. Next Election Year 2024	h. Jurisdiction District 59
☒ Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Brenda Nealy		a. Full Name RECEIVED	
b. Mailing Address (include City, State, and Zip Code) 3900 Cornish Glen Ct, High Point, NC 27265		b. Mailing Address (include City, State and Zip Code) AUG 24 2023	
c. Phone Number 336-810-2661	d. Email Address brndnly@aol.com	c. Phone Number NO STATE BOARD OF ELECTIONS	
Send report notices by email ☒ Yes ☐ No		☐ 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 Trust Bank	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code C	c. Type Business Checking
☐ Email copy of report notices			
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. BRENDA NEALY Brenda Nealy 8-11-23 Printed Name of Treasurer Signature of Appointed Treasurer Date 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. Tanneshia M. Dukes Tanneshia M. Dukes 8-14-23 Printed Name of Candidate Signature of Candidate Date			

CRO-2100A

NC State Board of Elections

November 2019

SC: 8/24/23 ce

MOREE IN THE HOUSE [STA-J7Y849-C-001]



NORTH CAROLINA STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Stephen D Moree

Name

156 Fairwood Drive

Address

Wilkesboro

NC

28697

City

State

Zip Code

moreeinthehouse@gmail.com

336-957-1319

E-Mail Address

Telephone Number

2

Sworn Affidavit

Stephen Moree

being duly sworn, stated:

Name

RECEIVED

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

NOV 20 2024

2. I am a resident of Wilkes County, North Carolina

County and State of Residence

NC STATE BOARD OF ELECTIONS

3. I am the:

- ☒ Authorized Candidate for
☐ Chair of
☐ Secretary of

- ☒ Treasurer of
☐ Vice-Chair of

Moree in the House

Scanned 12-03-2024 Name of Committee



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

October 25, 2024

2023

Date of Penalty

Report Year

☐

First Quarter Report

☐

Mid-Year Semiannual Report

☐

Second Quarter Report

☒

Year-End Semiannual Report

☐

Third Quarter Report

☐

Fourth Quarter Report

☐

Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

I have attached the original letter I send on February when I was informed of the violation. There is no question the report was late

I pride myself on being a rule abider and once informed of the failure to submit the reports on time, I worked until 3AM to complete the reports.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

x

Stephen D. More

Signature of Affiant

11/06/2024 SM
10/30/2024 KH

Date

State of North Carolina, County of Wilkes

Sworn to (or affirmed) and subscribed before me,

This 6th day of November, 2024

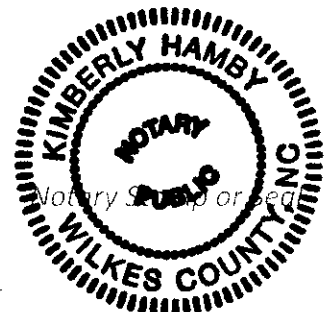
Signature of Notary Public:

Kimberly Hamby

Printed Name of Notary Public:

Kimberly Hamby

My Commission Expires 4-10-2027



February 25, 2023

To whom it may concern:

My name is Stephen Moree (Steve) and I have filed for House district 94. I did so on December 14, 2023. At that time I had reached an agreement with Will Cornette to be my treasurer. He is a young man about 30 years old with banking experience and was very eager to work on the campaign. I had full confidence in Will since I have known him for about 15 years. He lives in my neighborhood and I was his high school principal.

He was aware of the timeline for paperwork to be turned in and I would ask him prior to each deadline if he had filed the forms and he assured me he had done so. I had confidence in him and I had no reason to doubt his word. After I got notification that the original documents were not filed on time we decided to overnight them and he said he would do so. I don't know if he did and they got lost in the mail or he was not truthful with me. Regardless, the forms were not filed.

I got notification from Caleb Hudzik of the House Democratic Caucus that the NCSBE had not received anything from my campaign. I immediately tried to contact Will and I could not reach him for 5 days. Finally he texted me and said he was sorry all the information was in a folder I could pick up at his parents house. [REDACTED] I have removed him and I am trying to locate a new treasure. I am attempting to complete all the backlog of paperwork (10 day report, End of the Year report) along with the first quarter report due Tuesday, February 27th.

I am being assisted by Kim Caudill, Wilkes County Board of Elections, and Caleb Kudzik in completing the forms. I understand that this is ultimately my responsibility and I accept that and I am aware I am subject to fines for the lateness. I wanted to explain the situation and ask for any leniency possible. I was not trying to hide anything, I wanted to be totally transparent. I appreciate anything that you see fit to grant my campaign.

Thank you,

Steve Moree

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-J7Y849-C-001

Bill to
STEVE MOREE
MOREE IN THE HOUSE
156 FAIRWOOD DR
WILKESBORO, NC 28697

Ship to
STEVE MOREE
MOREE IN THE HOUSE
156 FAIRWOOD DR
WILKESBORO, NC 28697

Invoice details

Invoice no.: 5199
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/24/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2023 Year End Semi-Annual	10	\$50.00	\$500.00
Total						\$500.00

Statement of Organization - Candidate Committee

Is this statement:

☒ New ☐ 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				MAR 04 2024	
a. Name of Committee Moree in the House			d. ID Number 93-4709991		
b. Mailing Address (include City, State and Zip Code) 156 Fairwood Dr, Wilkesboro, NC 28697			e. Date Organized Dec 14, 2023		
c. Committee Website (Optional) moree in the house . com			f. Phone Number (336) 957-1319		
2. Candidate Information					
a. Full Name Stephen Dale Moree			e. Party Affiliation Democrat		
b. Mailing Address (include City, State, and Zip Code) 156 Fairwood Dr. Wilkesboro NC, 28697			f. Office Sought House of Rep. District 94		
c. Phone Number 336 957-1319	d. Email Address moree in the house@gmail.com	g. Next Election Year 2024	h. Jurisdiction 94th		
☐ Email copy of report notices					
3. Treasurer Information			4. Assistant Treasurer Information		
a. Full Name Steve Moree			a. Full Name Steve Moree		
b. Mailing Address (include City, State, and Zip Code) 156 Fairwood Dr. Wilkesboro NC 28697			b. Mailing Address (include City, State and Zip Code) 156 Fairwood Dr. Wilkesboro NC 28697		
c. Phone Number 336-957-1319	d. Email Address moree in the house@gmail.com	c. Phone Number 336-957-1319	d. Email Address moree in the house@gmail.com		
Send report notices by email ☐ Yes ☐ No			☐ Email copy of report notices		
5. Custodian of Books Information (Keeper of Records)			6. Account Information (incl. CRO-3500)		
a. Full Name Stephen Dale Moree			a. Financial Institution Full Name Wells Fargo		
b. Mailing Address (include City, State, and Zip Code) 156 Fairwood Dr. Wilkesboro, NC 28697					
c. Phone Number 336 957-1319	d. Email Address moree in the house@gmail.com	b. Account Code 2522	c. Type checking		
☐ Email copy of report notices					
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. <u>Stephen D Moree</u> <u>Stephen D Moree</u> <u>2-20-24</u> Printed Name of Treasurer Signature of Appointed Treasurer Date 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. <u>Stephen D. Moree</u> <u>Stephen D. Moree</u> <u>2-20-24</u> Printed Name of Candidate Signature of Candidate Date					

SC 3/7/24 AL

WESLEY BOYKIN FOR HOUSE DISTRICT 4 [STA-P2NNH7-C-001]



NORTH CAROLINA STATE BOARD OF ELECTIONS

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
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- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information
About You

Howard A. Williams

Name

1106 Porter St.

Address

Goldsboro

City

h.anthony56@gmail.com

E-Mail Address

NC

State

27530

Zip Code

919-344-6998

Telephone Number

2

Sworn Affidavit

Howard A. Williams

Name

being duly sworn, stated:

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Wayne, North Carolina

County and State of Residence

3. I am the:

☐ Authorized Candidate for

☐ Chair of

☐ Secretary of

☒ Treasurer of

☐ Vice-Chair of

Wesley Boykin For House District 4

Name of Committee



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

October 25, 2024

Date of Penalty

2023

Report Year

☐

First Quarter Report

☐

Mid-Year Semiannual Report

☐

Second Quarter Report

☒

Year-End Semiannual Report

☐

Third Quarter Report

☐

Fourth Quarter Report

☐

Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

Technical issue affect the functionality
of the campaign reporting software.
see attached response.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

X Howard A. Williams

Signature of Affiant

11-18-2024

Date

State of North Carolina, County of Wayne

Sworn to (or affirmed) and subscribed before me,

This 18th day of November, 2024

Signature of Notary Public:

HeKeisha L. Monk

Printed Name of Notary Public:

HeKeisha L. Monk

My Commission Expires April 18, 2025



November 5, 2024

Subject: Notice of Penalty Assessment under N.C.G.S. 163-278.34(e)

Dear: Mr. Greg Larimore, Campaign Finance Director, NCSBE,
/ 919-814-0700

I hope this message finds you well. I am writing in response to the penalty notification regarding the late submission of our report due on January 26, 2024.

First and foremost, I sincerely apologize for the delay. As I recall, the 2023 Year-end report was submitted January 18 or 19th, 2024 but was later informed that it was submitted too early. I received assistance from technician Khalil Cozart. In order to correct the problem, the prior report was deleted, and another was entered (ticket #109480).

In addition, there was an issue getting the program software to work. I called for assistance and through careful troubleshooting, the technician concluded that the date on my computer did not change from the last report. It showed 7/25/2023 of the previous year. I was assisted in changing the date and the program worked and I was able to complete the report with the correct date.

I understand the importance of timely reporting and am committed to ensuring that this does not happen again in the future. We appreciate the work that the NCSBE does and recognize the impact that late reports can have on the overall electoral process. To that end, I have taken steps to improve our internal processes and ensure timely submissions going forward.

Measures have been implemented, such as training, and regular reminders have been scheduled. I kindly request that you consider waiving or reducing the penalty in light of our circumstances. We are committed to compliance and will do everything necessary to meet our obligations moving forward. Thank you for your understanding. Please let me know if you need any further information or documentation regarding this matter.

Sincerely,



Howard Williams

Howard Williams,
Treasurer,
Wesley Boykin for House of Representative
1106 Porter St. Goldsboro, NC 27530
October 28, 2024

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-P2NNH7-C-001

Bill to
HOWARD WILLIAMS
WESLEY BOYKIN FOR HOUSE DISTRICT 4
1106 PORTER STREET
GOLDSBORO, NC 27530

Ship to
HOWARD WILLIAMS
WESLEY BOYKIN FOR HOUSE DISTRICT 4
1106 PORTER STREET
GOLDSBORO, NC 27530

Invoice details

Invoice no.: 5240
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/24/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2023 Year End Semi-Annual	10	\$50.00	\$500.00
Total						\$500.00

Statement of Organization - Candidate Committee

Is this statement:

☒ Now ☐ 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 Wesley Boykin for House District 4	d. ID Number 5CKQ85
b. Mailing Address (include City, State and Zip Code) 349 West Hill Street, Warsaw, NC 28398	e. Date Organized 3/4/2022
c. Committee Website (Optional) NC STATE BOARD OF ELECTIONS	f. Phone Number 202-390-8928

2. Candidate Information	
a. Full Name Wesley L. Boykin	c. Party Affiliation DEM
b. Mailing Address (include City, State, and Zip Code) 349 W Hill Street Warsaw, NC 28398	f. Office Sought NC House of Representative District 4
e. Phone Number 202-390-8928	g. Next Election Year 2022
d. Email Address wesboy@att.net	h. Jurisdiction District 4
☒ Email copy of report notices	

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Howard A. Williams	b. Mailing Address (include City, State, and Zip Code) 1106 Porter Street Goldsboro, NC 27530	a. Full Name	b. Mailing Address (include City, State and Zip Code)
c. Phone Number (919) 344-6998	d. Email Address h.anthony56@gmail.com	c. Phone Number	d. Email Address
Send report notices by email ☒ Yes ☐ No		☐ Email copy of report notices	

5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name	b. Mailing Address (include City, State, and Zip Code)	a. Financial Institution Full Name	b. Account Code

c. Phone Number	d. Email Address	b. Account Code	c. Type
☐ Email copy of report notices			

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.

Howard A. Williams

Printed Name of Treasurer

Howard A. Williams

Signature of Appointed Treasurer

March 8, 2022

Date

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.

Wesley L. Boykin

Printed Name of Candidate

Wesley L. Boykin

Signature of Candidate

March 8, 2022

Date

CRO-3100A

NC State Board of Elections

November 2019

RECEIVED
MAR 09 2022
Duplin County
Board of Elections

Scanned
3-24-22
MH

CHAPEL HILL LEADERSHIP PAC [STA-135AH3-C-001]



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

E. Thomas Henkel

Name

223 Cedar Breeze Lane

Address

Chapel Hill

NC

27517

City

State

Zip Code

thenkel1936@gmail.com

919-593-5510

E-Mail Address

Telephone Number

2

Sworn Affidavit

E. Thomas Henkel

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

RECEIVED

2. I am a resident of Durham County of North Carolina

NOV 21 2024

County and State of Residence

NC STATE BOARD OF ELECTIONS

3. I am the:

- ☐ Authorized Candidate for
☐ Chair of
☐ Secretary of

- ☒ Treasurer of
☐ Vice-Chair of

Chapel Hill Leadership Political Action Committee

Name of Committee

Scanned 12-03-2024 MW



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

10/25/2024

Date of Penalty

2023

Report Year

- ☐ First Quarter Report
☐ Second Quarter Report
☐ Third Quarter Report
☐ Fourth Quarter Report

- ☐ Mid-Year Semiannual Report
☒ Year-End Semiannual Report
☐ Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

I had already filed the 2023 Municipal Year End report, which I mistakenly thought was sufficient. When I was notified by Jane Steffens that the State report was also due, I prepared and mailed it on January 22, 2024. The eFile version was also sent, but it was incorrect due to software problems. I have no idea why it took so long for your staff to receive and file the paper version. Regardless, all of the financial information in the 2023 Year-End Semiannual report is identical to the information in the 2023 Municipal Year End report. I respectfully request that the \$500 penalty be withdrawn.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

x E. Thomas Hewitt

Signature of Affiant

11/18/24

Date

State of North Carolina, County of Orange

Sworn to (or affirmed) and subscribed before me,

This 18 day of November, 2024

Signature of Notary Public:

Indya Rutledge

Printed Name of Notary Public:

Indya Rutledge

My Commission Expires 04/09/2029



INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-135AH3-C-001

Bill to
E HENKEL
CHAPEL HILL LEADERSHIP PAC
223 CEDAR BREEZE LANE
CHAPEL HILL, NC 27517

Ship to
E HENKEL
CHAPEL HILL LEADERSHIP PAC
223 CEDAR BREEZE LANE
CHAPEL HILL, NC 27517

Invoice details

Invoice no.: 5091
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/24/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2023 Year End Semi-Annual	10	\$50.00	\$500.00
Total						\$500.00

Statement of Organization - Political Action Committee

Use this form to create a new or update an existing political action committee (PAC).

This form must be accompanied by form CRO-3500.

Amendment	☒ Yes	☐ No

1. Committee Information

a. Full Name	c. ID Number
Chapel Hill Leadership -Political Action Committee (CHL-PAC)	STA-135AH3-C-001
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
223 Cedar Breeze Ln. Chapel Hill, NC 27517	03/13/2017
	e. Phone Number
	919-593-5510

2. Political Action Committee Information

a. Category (Check only one)
☐ Banking/Finance
☐ Building/Real Estate
☐ Conservative/Liberal
☐ Environment
☐ Get Out the Vote
☐ Health
☐ Information Technology /
☐ Telecommunications
☐ Insurance
☐ Legal
☐ Manufacturing
☐ Minority
☐ Political Party not part of Party
☐ Plan of Org.
☐ Religious
☐ Trade
☐ Utilities
☒ Other / Not listed

b. Type (Check only one)	c. Definition of Type
☐ Parent Entity	Support Candidates
☐ Economic Interest	
☒ Political Purpose	

4. Treasurer Information

a. Full Name	
E. Thomas Henkel	
b. Mailing Address (include City, State, and Zip Code)	
223 Cedar Breeze Ln. Chapel Hill, NC 27517	
c. Phone Number	d. Email Address
919-593-5510	thenkel1936@gmail.co

6. Assistant Treasurer Information

a. Full Name	☐ Add	☒ Remove
Charles Humble		
b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number	d. Email Address	

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.

E. Thomas Henkel
Printed Name of Signer

Signature of Appointed Treasurer

09/28/2023
Date

GAVIN BELL FOR NC HOUSE [STA-5F814N-C-001]



NORTH CAROLINA STATE BOARD OF ELECTIONS

REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Gavin Bell

Name

1750 Oak Ridge Church Rd

Address

Kittrell

NC

27544

City

State

Zip Code

gavinsmbell@gmail.com

919-536-2515

E-Mail Address

Telephone Number

2

Sworn Affidavit

Gavin Bell

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Vance County, North Carolina

County and State of Residence

3. I am the:

- ☒ Authorized Candidate for
☐ Chair of
☐ Secretary of

- ☒ Treasurer of
☐ Vice-Chair of

Gavin Bell for NC House



NORTH CAROLINA

STATE BOARD OF ELECTIONS

REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on
11/8/24 2024

Date of Penalty

Report Year

- ☒ First Quarter Report
☐ Second Quarter Report
☐ Third Quarter Report
☐ Fourth Quarter Report

- ☐ Mid-Year Semiannual Report
☐ Year-End Semiannual Report
☐ Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

I ask that the State Board of Elections please waive this fee entirely as this is the first late report by the committee and this report did not lead to any contributions being undisclosed to the public as I had no contributions during this quarter. The only contributions to the committee have been from myself for the purpose of paying the filing fee so the committee does not have the funds to pay this fine. Since I filed this late report I have made sure to set multiple reminders for myself to make sure this does not happen again. Please take this information into consideration when making your decision.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

X Gaim Bell

Signature of Affiant

11/19/24

Date

State of North Carolina, County of Durham

Sworn to (or affirmed) and subscribed before me,

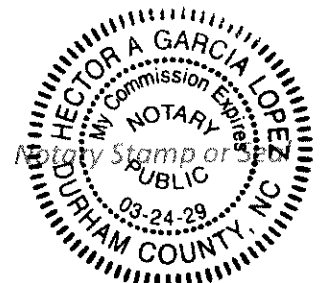
This 19th day of November, 2024

Signature of Notary Public:

Hector A Garcia Lopez

Printed Name of Notary Public:

Hector A Garcia Lopez



INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-5F814N-C-001

Bill to
GAVIN SZANDOR BELL
GAVIN BELL FOR NC HOUSE
180 HARRIS ROAD
YOUNGSVILLE, NC 27596

Ship to
GAVIN SZANDOR BELL
GAVIN BELL FOR NC HOUSE
180 HARRIS ROAD
YOUNGSVILLE, NC 27596

Invoice details

Invoice no.: 5500
Terms: Net 30
Invoice date: 11/08/2024
Due date: 12/09/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2024 First Quarter Report	7	\$50.00	\$350.00
Total						\$350.00

Statement of Organization - Candidate Committee

Is this statement:

☐ New

☒ 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

Garvin Bell For NC House

d. ID Number

8CL29Y

b. Mailing Address (Include City, State and Zip Code)

180 Harris Rd, Youngsville, NC, 27596

e. Date Organized

12/06/23

c. Committee Website (Optional)

f. Phone Number

919-536-2515

2. Candidate Information

a. Full Name

Garvin Szandar Miles Bell

e. Party Affiliation

Libertarian

b. Mailing Address (Include City, State, and Zip Code)

180 Harris Rd, Youngsville, NC, 27596

f. Office Sought

NC House 7

c. Phone Number

919-536-2515

d. Email Address

garvinsmbell@gmail.com

g. Next Election Year

2024

h. Jurisdiction

☒ Email copy of report notices

3. Treasurer Information

a. Full Name

Garvin Szandar Miles Bell

4. Assistant Treasurer Information

a. Full Name

b. Mailing Address (Include City, State, and Zip Code)

180 Harris Rd, Youngsville, NC, 27596

b. Mailing Address (Include City, State and Zip Code)

c. Phone Number

919-536-2515

d. Email Address

garvinsmbell@gmail.com

c. Phone Number

d. Email Address

Send report notices by email ☒ Yes ☐ No

☐ Email copy of report notices

5. Custodian of Books Information (Keeper of Records)

a. Full Name

b. Mailing Address (Include City, State, and Zip Code)

c. Phone Number

d. Email Address

☐ Email copy of report notices

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name

b. Account Code

c. Type

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.

Garvin Bell

Printed Name of Treasurer

Garvin Bell

Signature of Appointed Treasurer

1/2/24

Date

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.

Garvin Bell

Printed Name of Candidate

Garvin Bell

Signature of Candidate

1/2/24

Date

CRO-2100A

NC State Board of Elections

November 2019

Scanned 01-05-2024 MW

PODIATRY MEDICAL AND SURGICAL PAC [STA-V0W NK7-C-001]



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1 Information About You

Joe Patton

Name

10633 Summerton Dr

Address

Raleigh

NC

27614

City

State

Zip Code

jp.ccs@yahoo.com

919-349-3911

E-Mail Address

Telephone Number

2

Sworn Affidavit **Joe Patton**

being duly sworn, stated:

NOV 25 2024

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.
NC STATE BOARD OF ELECTIONS

2. I am a resident of Wake County NC

County and State of Residence

3. I am the:

- ☐ Authorized Candidate for
☐ Chair of
☐ Secretary of

- ☒ Treasurer of
☐ Vice-Chair of

Podiatry Medical and Surgical PAC

Name of Committee

SC 11-27-24AZ



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

11/08/2024

Date of Penalty

2024

Report Year



First Quarter Report



Mid-Year Semiannual Report



Second Quarter Report



Year-End Semiannual Report



Third Quarter Report



Fourth Quarter Report



Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

The data file and the signed cover sheet for the above report was submitted in a timely manner so the public never missed any disclosure. The mistake that we made was a clerical error. The cover sheet was printed before the closing date of the report. I forgot to change the date on the cover sheet to the date that it was actually signed. When SBOE notified us of the error a corrected cover sheet was submitted but it was too late for it to be considered timely. The PAC requests that you waive the penalty because the public did not miss any disclosure. The PAC also has a history of filing reports on a timely basis.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

X

Signature of Affiant

11-19-24
Date

State of North Carolina, County of Wake

Sworn to (or affirmed) and subscribed before me,

This 19th day of November, 2024

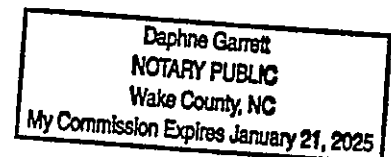
Signature of Notary Public:

[Signature]

Printed Name of Notary Public:

Daphne Garrett

My Commission Expires January 21, 2025



INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-V0WVK7-C-001

Bill to
DR DEKARLOS M DIAL
PODIATRY MEDICAL AND SURGICAL PAC
1814 WESTCHESTER DRIVE
SUITE 300
HIGH POINT, NC 27262

Ship to
DR DEKARLOS M DIAL
PODIATRY MEDICAL AND SURGICAL PAC
1814 WESTCHESTER DRIVE
SUITE 300
HIGH POINT, NC 27262

Invoice details

Invoice no.: 5567
Terms: Net 30
Invoice date: 11/08/2024
Due date: 12/09/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2024 First Quarter Report	5	\$50.00	\$250.00

Total \$250.00

Statement of Organization - Political Action Committee

Amendment

☒ Yes☐ No

Use this form to create a new or update an existing political action committee (PAC).

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

1. Committee Information																			
a. Full Name Podiatry Medical and Surgical PAC		c. ID Number STA-V0WNNK7-C-001																	
b. Mailing Address (include City, State and Zip Code) 1814 Westchester Dr. Suite 300 High Point, NC 27262		d. Date Organized 5/13/2016																	
		c. Phone Number 336-478-3338																	
2. Political Action Committee Information		3. Connected Organization or Affiliated Committee																	
a. Category (Check only one) <table border="0"><tr><td>☐ Banking/Finance</td><td>☐ Legal</td></tr><tr><td>☐ Building/Real Estate</td><td>☐ Manufacturing</td></tr><tr><td>☐ Conservative/Liberal</td><td>☐ Minority</td></tr><tr><td>☐ Environment</td><td>☐ Political Party not part of Party Plan of Org.</td></tr><tr><td>☐ Get Out the Vote</td><td>☐ Religious</td></tr><tr><td>☒ Health</td><td>☐ Trade</td></tr><tr><td>☐ Information Technology / Telecommunications</td><td>☐ Utilities</td></tr><tr><td>☐ Insurance</td><td>☐ Other / Not listed</td></tr></table>		☐ Banking/Finance	☐ Legal	☐ Building/Real Estate	☐ Manufacturing	☐ Conservative/Liberal	☐ Minority	☐ Environment	☐ Political Party not part of Party Plan of Org.	☐ Get Out the Vote	☐ Religious	☒ Health	☐ Trade	☐ Information Technology / Telecommunications	☐ Utilities	☐ Insurance	☐ Other / Not listed	a. Full Name b. Mailing Address (include City, State, and Zip Code) c. Phone Number d. Relationship 	
☐ Banking/Finance	☐ Legal																		
☐ Building/Real Estate	☐ Manufacturing																		
☐ Conservative/Liberal	☐ Minority																		
☐ Environment	☐ Political Party not part of Party Plan of Org.																		
☐ Get Out the Vote	☐ Religious																		
☒ Health	☐ Trade																		
☐ Information Technology / Telecommunications	☐ Utilities																		
☐ Insurance	☐ Other / Not listed																		
b. Type (Check only one) ☐ Parent Entity ☐ Economic Interest ☒ Political Purpose		c. Definition of Type d. Member Definition 																	
4. Treasurer Information		5. Custodian of Books Information																	
a. Full Name Joe Patton		a. Full Name 																	
b. Mailing Address (include City, State, and Zip Code) 10633 Summerton Dr Raleigh, NC 27614		b. Mailing Address (include City, State, and Zip Code) 																	
c. Phone Number 919-349-3911	d. Email Address jp.ccs@yahoo.com	c. Phone Number 	d. Email Address 																
I prefer to receive notices by email ☒ Yes ☐ No		☐ Email copy of notices																	
6. Assistant Treasurer Information		7. Account Information (incl. CRO-3500)																	
a. Full Name Dr Dekarlos M. Dial		a. Financial Institution Full Name Truist																	
b. Mailing Address (include City, State, and Zip Code) 1814 Westchester Dr High Point, NC 27262		b. Purpose Checking																	
c. Phone Number 336-476-3338	d. Email Address dekarlosdial@gmail.com	c. Account Code C	d. Type Checking																
☐ 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.																			
Joe Patton		Joe Patton																	
Printed Name of Signer		Signature of Appointed Treasurer																	
		Date																	
		11/18/2024																	

COMMITTEE TO RE-ELECT JIMMY L LOVE JR [STA-C2642N-C-002]



NORTH CAROLINA

STATE BOARD OF ELECTIONS

**AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES**
PAGE 1 OF 3

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

NOV 22 2024

NC STATE BOARD OF ELECTIONS

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

JIMMY L. LOVE, JR

Name

2328 HAWKINS AVE.

Address

SANFORD

NC

27330

City

State

Zip Code

jllovejr@yahoo.com

(919) 499-3406

E-Mail Address

Telephone Number

2

Sworn Affidavit

JIMMY L. LOVE, JR

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of LEE COUNTY, NORTH CAROLINA

County and State of Residence

3. I am the:

☒ Authorized Candidate for

☐ Treasurer of

☐ Chair of

☐ Vice-Chair of

☐ Secretary of

COMMITTEE TO RE-ELECT JIMMY L. LOVE, JR

Name of Committee

SC-11-27-24 AL



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 3

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

OCTOBER 25, 2024

Date of Penalty

2024

Report Year



First Quarter Report



Mid-Year Semiannual Report



Second Quarter Report



Year-End Semiannual Report



Third Quarter Report



Fourth Quarter Report



Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

THAT ON FEBRUARY 21, 2024, I THOUGHT I SENT BY CERTIFIED MAIL TO THE NCSBOE MY 2024 DISCLOSURE REPORT COVER, 2024 FIRST QUARTER REPORT AND CERTIFICATION OF INACTIVE STATUS. UNFORTUNATELY, I FAILED TO INCLUDE THE DETAILED 2024 FIRST QUARTER REPORT IN THE ENVELOPE. I WAS NOTIFIED BY THE NCSBOE VIA EMAIL ON FEBRUARY 28, 2024 OF MY MISSING DETAILED SUMMARY REPORT. THEREFORE, ON FEBRUARY 29, 2024, I SENT BY CERTIFIED MAIL MY 2024 DISCLOSURE REPORT COVER AND MY 2024 FIRST QUARTER REPORT. SUBSEQUENTLY, ON MARCH 8, 2024, I RECEIVED AN EMAIL FROM THE NCSBOE THAT MY 2024 FIRST QUARTER REPORT WAS NOT

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

X

Signature of Affiant

Date

State of North Carolina, County of Lee

Sworn to (or affirmed) and subscribed before me,

This 20th day of November, 2024

Signature of Notary Public:

Printed Name of Notary Public:

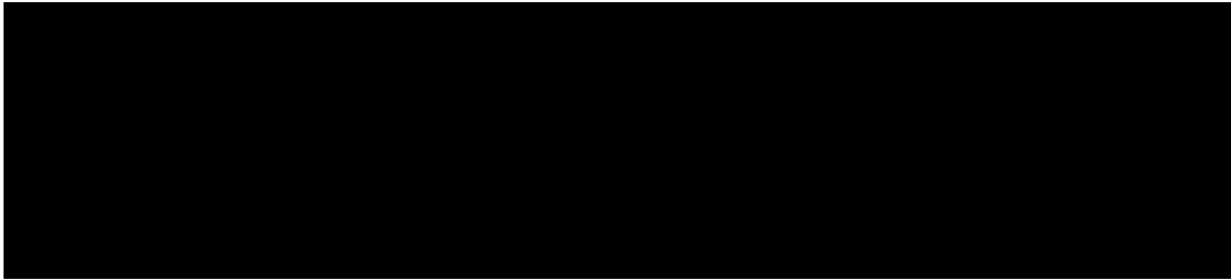
Jynnifer H. Bridges

My Commission Expires 4/12/2028

Notary Stamp or Seal

JYNNIFER H. BRIDGES
Notary Public, North Carolina
Lee County
My Commission Expires
04/12/2028

SIGNED BY ME. I IMMEDIATELY SENT A SIGNED 2024 FIRST QUARTER REPORT BY CERTIFIED MAIL ON MARCH 8, 2024 TO THE NCSBOE. I AM ASKING FOR A WAIVER DUE TO THE FACT THAT I WAS GOING THROUGH THE PROCESS OF FINDING OUT THAT I HAVE PROSTATE CANCER. ~~XXXXXXXXXXXXXXXXXXXX~~



MY CONCENTRATION AND CONCERN DURING THIS TIME PERIOD BETWEEN NOVEMBER 11, 2023 AND MARCH 1, 2024 WAS ABOUT MY HEALTH, AND NOT ON FILING REPORTS TO THE NCSBOE. I HOPE YOU WILL TAKE THIS INTO CONSIDERATION AND WAIVE THE PENALTY. THANK YOU FOR YOUR CONSIDERATION.

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-C2642N-C-002

Bill to
JIMMY LOVE
COMMITTEE TO RE-ELECT JIMMY L LOVE
JR
2328 HAWKINS AVE
SANFORD, NC 27330

Ship to
JIMMY LOVE
COMMITTEE TO RE-ELECT JIMMY L LOVE
JR
2328 HAWKINS AVE
SANFORD, NC 27330

Invoice details

Invoice no.: 5475
Terms: Net 30
Invoice date: 11/08/2024
Due date: 12/09/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2024 First Quarter Report	8	\$50.00	\$400.00

Total \$400.00

Statement of Organization - Candidate Committee

Is this statement:

☒ New ☐ 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 <u>Committee to ReElect Jimmy L. Love Jr</u>		d. ID Number <u>NC STATE BOARD OF ELECTIONS</u>	
b. Mailing Address (include City, State and Zip Code) <u>2328 Hawkins Ave, Sanford, NC 27330</u>		e. Date Organized <u>5/6/04</u>	
c. Committee Website (Optional)		f. Phone Number	
2. Candidate Information			
a. Full Name <u>Jimmy L. Love Jr</u>		c. Party Affiliation <u>Republican</u>	
b. Mailing Address (include City, State, and Zip Code) <u>2328 Hawkins Ave Sanford, N.C. 27330</u>		f. Office Sought <u>District Court Judge</u>	
c. Phone Number <u>(919) 499-3406</u>	d. Email Address <u>jlllovejr@yahoo.com</u>	g. Next Election Year <u>2024</u>	h. Jurisdiction <u>District 12 Seat 8</u>
☐ Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name <u>Jimmy L. Love Jr</u>		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) <u>2328 Hawkins Ave Sanford, N.C. 27330</u>		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number <u>(919) 499-3406</u>	d. Email Address <u>jlllovejr@yahoo.com</u>	c. Phone Number	d. Email Address
Send report notices by email ☒ Yes ☐ No		☐ 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	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
☐ Email copy of report notices			
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. <u>Jimmy L. Love Jr</u> Printed Name of Treasurer <u>[Signature]</u> Signature of Appointed Treasurer <u>12/6/23</u> Date 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. <u>Jimmy L. Love Jr</u> Printed Name of Candidate <u>[Signature]</u> Signature of Candidate <u>12/6/23</u> Date			

SC: 12/15/23cc

CABARRUS REC [STA-C4201N-C-001]



NORTH CAROLINA STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Lamarie Austin-Stripling, Treasurer

Name			
Address	4067 Long Arrow Drive		
City	NC	28025	
	State	Zip Code	
E-Mail Address	lamarieaustin@yahoo.com		
	704-305-6294		
	Telephone Number		

2

Sworn Affidavit

Lamarie Austin-Stripling

Name

being duly sworn, stated:

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Cabarrus County, North Carolina

County and State of Residence

3. I am the:

☐ Authorized Candidate for

☐ Chair of

☐ Secretary of

☒ Treasurer of

☐ Vice-Chair of

Cabarrus County Republican Party

Name of Committee



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

10/26/2024

Date of Penalty

2023

Report Year

☐

First Quarter Report

☐

Mid-Year Semiannual Report

☐

Second Quarter Report

☒

Year-End Semiannual Report

☐

Third Quarter Report

☐

Municipal Report

☐

Fourth Quarter Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

During the 2023 Year End Reporting Period, I received a penalty notice from the State Board for a failure to file the 2023 Mid Year Report. I had completed and filed the Mid-Year reports manually before the due date; as a first time filer, I had received incorrect guidance from Greg Fornshell that I did not have to file my report online. After receiving the notice and speaking with State Board Staff, I was informed that I did, in fact, need to re-file the Mid-Year 2023 Report electronically. Additionally, I was told I had to go in and file that Mid Year 2023 Report electronically before I could proceed with completing and submitting the Year End 2023 Report. Continued on an additional page...

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

X

Lamarie L. Stripling
Signature of Affiant

11-21-2024
Date

State of North Carolina, County of Cabarrus

Sworn to (or affirmed) and subscribed before me,

This 21st day of November, 2024

Signature of Notary Public:

Cynthia Sherriff

Printed Name of Notary Public:

Cynthia Sherriff

My Commission Expires April 28th 2029



Because I had to re-submit the Mid-Year 2023 Report during the Year End 2023 Reporting Period, this caused me to have to delay completion of the 2023 Year End Report, ultimately resulting in missing the submission deadline for the 2023 Year End Report.

To further complicate matters, After I had refiled the 2023 Mid-Year electronically and was able to revert to finalizing and submitting the Year End 2023 Report, I encountered a terrible challenge with the software. I had prepared, and saved a pdf draft of, around an estimated 90-page report for the 2023 Year End. Overnight, the software deleted my report. In desperation, I made calls and sent emails to state board staff and learned there was no option available other than to have to start all the way over on my Year End 2023 report. What was already 90 hours of work, I had to do all over again, in a best effort to satisfy the reporting requirements.

The 2023 Mid-Year Report challenge had great implications subsequently on my ability to comply with timely filing of the 2023 Year End Report. As the 2 matters were inextricably interconnected, I humbly request that this penalty be waived.

INVOICE

NORTH CAROLINA STATE BOARD OF ELECTIONS

PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-C4201N-C-001

Bill to

LAMARIE DYLYNN AUSTIN-STRIPLING
CABARRUS REC
4067 LONG ARROW DRIVE
CONCORD, NC 28025

Ship to

LAMARIE DYLYNN AUSTIN-STRIPLING
CABARRUS REC
4067 LONG ARROW DRIVE
CONCORD, NC 28025

Invoice details

Invoice no.: 5078
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/25/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2023 Year End Semi-Annual	10	\$50.00	\$500.00
Total						\$500.00

Statement of Organization - Party Committee

Amendment

☒ Yes ☐ No

Use this form to create a new or update an existing party committee.

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

1. Committee Information	
a. Full Name	c. ID Number
Cabarrus County Republican Party (c/o Lmarie Austin-Stripling, Treasurer)	STA-C4201N-C-001
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
4067 Long Arrow Drive Concord, NC 28025	1999
e. Phone Number	
704-305-6294	

2. Party Information	
a. Type	b. Party Name
☒ Executive ☐ Affiliated (Caucus) ☐ Subordinate	Republican Party
3. Treasurer Information	
a. Full Name	a. Full Name
Lmarie Dylann Austin-Stripling	N/A
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
4067 Long Arrow Drive Concord, NC 28025	N/A
c. Phone Number	d. Email Address
704-305-6294	lmarieaustin@yahoo.com

I prefer to receive notices by email ☒ Yes ☐ No		☐ Email copy of notices	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name	☐ Add ☐ Remove	a. Financial Institution Full Name	☐ Add ☐ Remove
N/A		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
N/A		N/A	
c. Phone Number	d. Email Address	c. Account Code	d. Type
N/A	N/A	N/A	N/A
☒ 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.	
Lmarie Austin-Stripling	6/5/2023
Printed Name of Signer	Signature of Appointed Treasurer

CRO-2100C

NC State Board of Elections

May 2016

SC: 6/22/23

JONES FOR NC HOUSE 10 [STA-9P60DJ-C-001]



NORTH CAROLINA STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

RECEIVED
DEC 02 2024
NC STATE BOARD OF ELECTIONS

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Beatrice Jones

Name

PO Box 441

Address

Fremont

NC

27830

City

State

Zip Code

beatricejones595@gmail.com

(919) 273-9511

E-Mail Address

Telephone Number

2

Sworn Affidavit

Beatrice Jones

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Wayne County, North Carolina

County and State of Residence

3. I am the:

- ☒ Authorized Candidate for
☐ Chair of
☐ Secretary of

- ☒ Treasurer of
☐ Vice-Chair of

Jones for NC House 10

Scanned 12-04-2024 MLW Name of Committee



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

10/25/2024

Date of Penalty

2023

Report Year

- ☐ First Quarter Report
☐ Second Quarter Report
☐ Third Quarter Report
☐ Fourth Quarter Report

- ☐ Mid-Year Semiannual Report
☒ Year-End Semiannual Report

2023

☐ Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

I did not know that a 2023 Year-End Semi-Annual Report was due as the only expense that I had incurred during this period was the filing fee for Jones for NC House 10. Once I was informed that a report was due, I immediately filed one and I am attaching those documents for your review. All reports are being sent by certified mail. Prior to filing for this position, I was a candidate for the Mayor of Fremont, NC and all reports were filed on time, including a year-end report close-out report for 2023.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

~~Signature~~ &
Jurat

x Beatrice Jones

Signature of Affiant

11/20/24

Date

State of North Carolina, County of Wayne

Sworn to (or affirmed) and subscribed before me,

This 20 day of November, 2024

Signature of Notary Public:

Joyce M. Artis

Notary Stamp or Seal

Printed Name of Notary Public:

Joyce M. Artis

My Commission Expires Oct. 14, 2029

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-9P60DJ-C-001

Bill to
BEATRICE JONES
JONES FOR NC HOUSE 10
PO BOX 477
FREMONT, NC 27830

Ship to
BEATRICE JONES
JONES FOR NC HOUSE 10
PO BOX 477
FREMONT, NC 27830

Invoice details

Invoice no.: 5182
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/24/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2023 Year End Semi-Annual	9	\$50.00	\$450.00
Total						\$450.00

Statement of Organization - Candidate Committee

Is this statement:

☒ New ☐ 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	
Jones for NC House 10		RECEIVED	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO Box 477, Fremont, NC 27830		FEB 14 2024	
c. Committee Website (Optional)		f. Phone Number	
NC STATE BOARD OF ELECTIONS		(919) 273-9511	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Beatrice Jones		Democratic	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO Box 477 Fremont, NC 27830		NC House Seat, District 10	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
(919) 273-9511	beatricejones595@gmail.com	2024	Wayne
☒ Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Beatrice Jones			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
PO Box 477 Fremont, NC 27830			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(919) 273-9511	beatricejones595@gmail.com		
Send report notices by email ☒ Yes ☐ No		☐ 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	
		Southern Bank	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		02	Checking
☐ Email copy of report notices			
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.			
Beatrice Jones		02/08/2024	
Printed Name of Treasurer		Signature of Appointed Treasurer	
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.			
Beatrice Jones		02/08/2024	
Printed Name of Candidate		Signature of Candidate	

CRO-2100A

NC State Board of Elections

November 2019

Scanned 02/14/2024 MLW

CARLA CUNNINGHAM CAMPAIGN COMM [STA-P363NE-C-001]



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

NOV 22 2024

RECEIVED

NC STATE BOARD OF ELECTIONS

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1 Information About You

Kamesha Portress

Name

1400 Sansberry Rd.

Address

Charlotte

City

NC

State

28262

Zip Code

KameshaSmall@hotmail.com

E-Mail Address

678-457-9832

Telephone Number

2 Sworn Affidavit

Kamesha Portress

Name

being duly sworn, stated:

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Mecklenburg, North Carolina

County and State of Residence

3. I am the:

- ☐ Authorized Candidate for
☐ Chair of
☐ Secretary of

- ☒ Treasurer of
☐ Vice-Chair of

Pana Cunningham Campaign Committee

Name of Committee



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

10/25/2024

Date of Penalty

2023

Report Year

☐

First Quarter Report

☐

Mid-Year Semiannual Report

☐

Second Quarter Report

☒

Year-End Semiannual Report

☐

Third Quarter Report

☐

Fourth Quarter Report

☐

Municipal Report

RECEIVED

NOV 22 2024

NC STATE BOARD OF ELECTIONS

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

The year end semi-annual report was received on time; however there was a delay in the signed disclosure form being received due to the postal service. The signed disclosure form was received 3 days after the report. Given the situation, I am asking that the waiver be granted.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

x Kamela P.

Signature of Affiant

11-20-2024

Date

State of North Carolina, County of Mecklenburg

Sworn to (or affirmed) and subscribed before me,

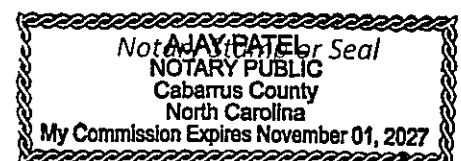
This 20th day of November, 2024

Signature of Notary Public:

Printed Name of Notary Public:

Ajay Patel

My Commission Expires 01 November 2027



INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-P363NE-C-001

Bill to
KAMESHSA PORTRESS
CARLA CUNNINGHAM CAMPAIGN COMM
1400 SANSBERRY ROAD
CHARLOTTE, NC 28262

Ship to
KAMESHSA PORTRESS
CARLA CUNNINGHAM CAMPAIGN COMM
1400 SANSBERRY ROAD
CHARLOTTE, NC 28262

Invoice details

Invoice no.: 5082
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/24/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2023 Year End Semi-Annual	1	\$50.00	\$50.00
Total						\$50.00

RECEIVED

Statement of Organization - Candidate Committee

FEB 26 2024

Is this statement:

☐ New☒ 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	
Carla Cunningham Campaign Committee		STA-P363NE-C-00	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
1400 Sansberry Rd. Charlotte NC 28262		02/14/2012	
c. Committee Website (Optional)		f. Phone Number	
		704-509-2939	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Carla D. Cunningham		Democratic	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1400 Sansberry Rd. Charlotte NC 28262		NC House of Representative	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-957-8986	CarlaCunningham202@gmail.com	2026	Mecklenburg County - 106
☒ Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Kamesha Portress		NONE	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
1400 Sansberry Rd. Charlotte NC 28262			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
618-457-9822	Kamesha.mall@hotmail.com		
Send report notices by email ☒ Yes ☐ No		☐ 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	
NONE		Fifth and Third Bank	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		2	Checking
☐ Email copy of report notices			
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. <u>Kamesha Portress</u> <u>Kamesha Portress</u> <u>02/20/24</u> Printed Name of Treasurer Signature of Appointed Treasurer Date 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. <u>CARLA CUNNINGHAM</u> <u>Carla Cunningham</u> <u>2/20/24</u> Printed Name of Candidate Signature of Candidate Date			

Scanned 2/27/24 LA

CLEVELAND DEC [STA-C3871N-C-001]



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

NOV 22 2024

NC STATE BOARD OF ELECTIONS

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Joyce Gladstone

Name

123 Gold Run Court

Address

Kings Mountain

NC

28086

City

State

Zip Code

joycegladstone1626@gmail.com

703-966 7529

E-Mail Address

Telephone Number

2

Sworn Affidavit

Joyce Gladstone

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Cleveland County, North Carolina

County and State of Residence

3. I am the:

☐ Authorized Candidate for

☒ Treasurer of

☐ Chair of

☐ Vice-Chair of

☐ Secretary of

Cleveland County Democratic Party

Name of Committee



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

October 25, 2024

Date of Penalty

2023

Report Year

☐

First Quarter Report

☐

Mid-Year Semiannual Report

☐

Second Quarter Report

☒

Year-End Semiannual Report

☐

Third Quarter Report

2023

☐

Fourth Quarter Report

☐

Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

See attached page.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

X

Signature of Affiant

Date

State of North Carolina, County of Cleveland

Sworn to (or affirmed) and subscribed before me,

This 20 day of November, 2024

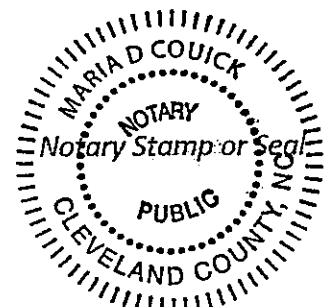
Signature of Notary Public:

Maria D. Couick

Printed Name of Notary Public:

Maria D. Couick

My Commission Expires 6-20-2029



Cleveland County Democratic Party
123 Gold Run Ct
Kings Mountain, NC 28086

November 19, 2024

North Carolina State Board of Elections
PO Box 27255
Raleigh, NC 27611-7255

Re: **STA-C3871N-C-001, Invoice # 4905**

To whom it may concern:

Paul Bukta, former Treasurer of Cleveland County Democratic Party, resigned abruptly in early March 2024. His quick departure did not facilitate a smooth transition. I accepted the treasurer's position on March 18, 2024.

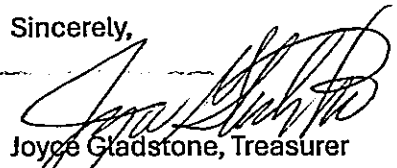
I have attached the USPS receipt for 01/25/2024, the date required for report in question. I found this receipt, which is proof of a mailing by Bukta to NCBOE, in one of Bukta's folders. I have no proof of what was in that mailing.

I was informed by NCBOE that the electronic report for 2023 Year-End Semiannual Report was received.

Did you receive the 2023 Year-End Semiannual Report and fail to record it? Or was the report lost in the mail? Or did Bukta accidentally send the wrong report?

I am submitting the Disclosure Report Cover for the 2023 Year-End Semiannual Report. I have signed this form for Paul Bukta.

Sincerely,



Joyce Gladstone, Treasurer
Cleveland County Democratic Party

9589 0710 5270 0441 1625 00

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 Domestic Mail Only
 For delivery information, visit our website at www.usps.com
 Raleigh, NC 27611

Certified Mail Fee	\$1.40
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	\$2.80
☐ Return Receipt (electronic)	\$0.00
☐ Certified Mail Restricted Delivery	\$0.00
☐ Adult Signature Required	\$0.00
☐ Adult Signature Restricted Delivery	\$0.00
Postage	\$0.68
Total Postage and Fees	\$2.08
Sent To	NCSBE
Street and Apt. No., or PO Box No.	PO Box 27255
City, State, ZIP+4	Raleigh, NC 27611-7255

Postmark Here
 01/23/2024



UNITED STATES POSTAL SERVICE

SHELBY
 405 S DEKALB ST
 SHELBY, NC 28150-5977
 (830)275-8777

01/25/2024 01:37 PM

Product	Qty	Unit Price	Price
First-Class Mail® Letter	1		\$0.68
Raleigh, NC 27511			
Weight: 0 lb 0.50 oz			
Estimated Delivery Date			
Mon 01/29/2024			
Certified Mail®			\$4.40
Tracking #:			
9589 0710 5270 0441 1625 00			
Total			\$5.08

Grand Total: \$5.08

Personal/Bus Check \$5.08

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit www.usps.com USPS Tracking or call 1-800-222-1811.

Preview your Mail
 Track your Packages
 Sign up for FREE @
<https://informedelivery.usps.com>

All sales final on stamps and postage.
 Refunds for guaranteed services only.
 Thank you for your business.

Tell us about your experience.
 Go to: <https://postalexperience.com/Pos>
 or scan this code with your mobile device.



or call 1-800-410-7420.

UFN: 367024-0850
 Receipt #: 840-52830076-4-3959066-2
 Clerk: 06

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-C3871N-C-001

Bill to
JOYCE GLADSTONE
CLEVELAND DEC
123 GOLD RUN COURT
KINGS MOUNTAIN, NC 28086

Ship to
JOYCE GLADSTONE
CLEVELAND DEC
123 GOLD RUN COURT
KINGS MOUNTAIN, NC 28086

Invoice details

Invoice no.: 4905
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/25/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - MISSING REPORT	2023 Year End Semi-Annual	10	\$50.00	\$500.00

Total \$500.00

Amendment 1
☒ Yes ☐ No

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

1. Committee Information	
a. Full Name <i>Cleveland County Democratic Party</i>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>P.O. Box 334 Shelby, NC 28051</i>	d. Date Received <i>11/22/2024</i>
NC STATE BOARD OF ELECTIONS	
2. Party Information	
a. Type ☒ Executive ☐ Affiliated (Caucus) ☐ Subordinate	b. Party Name <i>Cleveland County Democratic Party</i>
3. Treasurer Information	
a. Full Name <i>Joyce Ann Gladstone</i>	a. Full Name <i>Remane: Paul Bukta</i>
b. Mailing Address (include City, State, and Zip Code) <i>123 Gold Run Court Kings Mountain, NC 28086</i>	b. Mailing Address (include City, State, and Zip Code)
c. Phone Number <i>703-966-7529</i>	d. Email Address <i>joyce.gladstone1626@gmail.com</i>
I prefer to receive notices by email ☐ Yes ☐ No ☐ Email copy of notices	
5. Assistant Treasurer Information	
a. Full Name	☐ Add ☐ Remove
b. Mailing Address (include City, State, and Zip Code)	b. Purpose
c. Phone Number	d. Email Address
☐ Email copy of notices	
6. Account Information (incl. CRO-3500)	
a. Financial Institution Full Name	☐ Add ☐ Remove
b. Purpose	
c. Account Code	d. Type
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>Joyce A Gladstone</i> Printed Name of Signer	<i>Joyce Gladstone</i> Signature of Appointed Treasurer
	<i>4/30/2024</i> Date

May 2016

7-22-24/KC

NC State Board of Elections
Sc 7-24-24 YRM

COMMITTEE TO ELECT DANIEL CAVENDER NC SENATE [STA-0RLYSP-C-001]



NORTH CAROLINA STATE BOARD OF ELECTIONS

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1 Information About You

Madison Beane

Name

183 Hunter Creek Rd.

Address

Lexington

City

NC

State

27292

Zip Code

mmbearnel204@gmail.com

E-Mail Address

336-843-9753

Telephone Number

2 Sworn Affidavit

Madison Beane

Name

being duly sworn, stated:

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of

Davidson County, NC

County and State of Residence

3. I am the:

Authorized Candidate for
Chair of
Secretary of

Treasurer of
Vice-Chair of

Committee to Elect Daniel Cavender

Name of Committee

NC Senate



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

11/12/2024

Date of Penalty

2024

Report Year

First Quarter Report

Second Quarter Report

Third Quarter Report

Fourth Quarter Report

Mid-Year Semiannual Report

Year-End Semiannual Report

Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

This is my first time being a treasurer for a campaign. I have not had any previous late reports. I was mistaken that the due date would be in March, since that would be the first quarter of the year.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

x Madi Beane

Signature of Affiant

11/22/24

Date

State of North Carolina, County of DAVIDSON

Sworn to (or affirmed) and subscribed before me,

This 22ND day of NOVEMBER, 2024

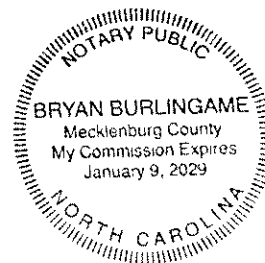
Signature of Notary Public:

[Signature]

Printed Name of Notary Public:

BRYAN BURLINGAME

My Commission Expires 01/09/29



INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-ORLYSP-C-001

Bill to
MADISON MCKENZIE BEANE
COMMITTEE TO ELECT DANIEL
CAVENDER NC SENATE
183 HUNTER CREEK ROAD
LEXINGTON, NC 27292

Ship to
MADISON MCKENZIE BEANE
COMMITTEE TO ELECT DANIEL
CAVENDER NC SENATE
183 HUNTER CREEK ROAD
LEXINGTON, NC 27292

Invoice details

Invoice no.: 5444
Terms: Net 30
Invoice date: 11/08/2024
Due date: 12/09/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2024 First Quarter Report	10	\$50.00	\$500.00

Total \$500.00

JAN 19 2024

Statement of Organization - Candidate Committee

NC STATE BOARD OF ELECTIONS

Is this statement:

☐ New☐ 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	
Committee to elect Daniel Cavender NC Senate			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
742 Beck Nursery Rd, Lexington NC, 27292		12/14/2023	
c. Committee Website (Optional)		f. Phone Number	
		336 986 8228	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
DANIEL THOMAS CAVENDER		LIBERTARIAN	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
742 BECKS NURSERY RD		NC SENATE DISTRICT 30	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
356-986-8228	cavenderdaniel@yahoo.com		
☐ Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Madison McKenzie Beane		James Andrew Thomas	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
183 Hunter Creek Rd. Lexington, NC 27292		809 Mitchell Ave Lexington, NC, 27292	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336 843 9753	mmbeane1204@gmail.com	336 816 4447	xenj5015@gmail.com
Send report notices by email ☒ Yes ☐ No		☐ 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	
		Truist	
b. Mailing Address (include City, State, and Zip Code)			
		209 N Main Street Lexington, NC, 27292-3417	
c. Phone Number	d. Email Address	b. Account Code	c. Type
		022097	Checking
☐ Email copy of report notices			
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. <u>Madison Beane</u> <u>Madison Beane</u> <u>12/19/23</u> Printed Name of Treasurer Signature of Appointed Treasurer Date 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. <u>DANIEL CAVENDER</u> <u>[Signature]</u> <u>12/19/23</u> Printed Name of Candidate Signature of Candidate Date			

Scanned 1/19/24 YA

COMMITTEE TO ELECT MATT WOOD [STA-56P9WG-C-001]



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

NOV 25 2024
RECEIVED
NC STATE BOARD OF ELECTIONS

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
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- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Sharon Castleberry

Name
PO Box 1597

Address

Clayton

NC

27528-1597

City

State

Zip Code

sharoncastleberry1209@gmail.com

919-524-0939

E-Mail Address

Telephone Number

2

Sworn Affidavit

Sharon Castleberry

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Johnston County, NC.

County and State of Residence

3. I am the:

- ☐ Authorized Candidate for
☐ Chair of
☐ Secretary of

- ☒ Treasurer of
☐ Vice-Chair of

The Committee to Elect Matt Wood

Name of Committee

SC 11-27-24 A



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

October 25, 2024

2023

Date of Penalty

Report Year

☐ First Quarter Report

☐ Mid-Year Semiannual Report

☐ Second Quarter Report

☒ Year-End Semiannual Report

☐ Third Quarter Report

☐ Fourth Quarter Report

☐ Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

On January 24th, I and the committee did submit the 2023 Year End Semi-Annual Report (due January 26). This was my first time using the NCSBE online software. On January 25th, NCSBE via email acknowledged receipt of the data file and stated at that time that I had combined 2 reports (Organizational and 2023 Year End Semi Annual) as one and would need to make amended reports. And NCSBE also stated that what I had submitted on January 24th: "This report will be entered as a Year-End Semi Annual" and advised again to submit the amended reports. However, on February 1 when the Jan 24th paper copies were scanned in, the report was labeled "Miscellaneous Correspondence" with the Jan 24th data file attached. I followed NCSBE directions by amending documents with the direct assistance of longtime local treasurer Denise Hall, instructing me on how to name, amend and submit the reports via the NCSBE online software. (Please see supporting email and documents with this affidavit)

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

[Signature]
Signature of Affiant

11/21/2024

Date

State of North Carolina, County of Johnston

Sworn to (or affirmed) and subscribed before me,

This 21 day of November, 2024

Signature of Notary Public:

[Signature]

Printed Name of Notary Public:

Dale B. Driver

My Commission Expires 4-14-2029



Committee to Elect Matt Wood/Treasurer Sharon Castleberry

**SCREENSHOT OF THE JAN 25, 2024 EMAIL THAT FOLLOWED MY SUBMISSION
OF JAN 24; HIGHLIGHTS WERE IN THE ORIGINAL EMAIL**

AMENDMENTS NEEDED --- 2023 Organizational/Year End Report: Committee to Elect Matt Wood

1 message

SVC_SBOE.Campaign.Reporting <Campaign.Reporting@ncsbe.gov>
To: Sharon Castleberry <sharoncastleberry1209@gmail.com>
Cc: "matthewnc28@gmail.com" <matthewnc28@gmail.com>

Thu, Jan 25, 2024 at 11:00

PLEASE NOTE: Two reports should not be combined. This report will be entered as a Year-End Saml Annual. However, the report should be amended. You should file a 2023 Organizational Report and a 2023 Year-End Saml Annual Report.

We are in receipt of your data file(s). You will be contacted by a member of the Campaign Finance team if there are any problems with the submitted data file(s).

A Disclosure Report Cover showing an original, wet-ink signature, must be mailed for each electronic report filed (originals and amendments). State and Federal Report cover pages are mailed to the State Board of Elections. County and Municipal Report cover pages are mailed to the appropriate County Board of Elections.

IMPORTANT NOTE: The post office is no longer required to cancel a stamp with a postmark. For any original report cover page(s) to be considered timely you must either hand deliver or go into the post office and request that the item is postmarked.

Report data that is imported does not appear on our website in real-time. Our website updates overnight each weeknight. All data imported during a business day will appear on our website the following day.

From: Sharon Castleberry <sharoncastleberry1209@gmail.com>
Sent: Wednesday, January 24, 2024 8:08 PM
To: SVC_SBOE.Campaign.Reporting <Campaign.Reporting@ncsbe.gov>
Cc: matthewnc28@gmail.com
Subject: [External] 2023 Organizational/Year End Report: Committee to Elect Matt Wood

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Hi,
Attached is the Organizational/2023 Year End finance report for the Committee to Elect Matt Wood. Please let me know if you have any issues with the file.

Regards,
Sharon Castleberry
Treasurer

Campaign Document Search By Entity

Applications

COMMITTEE TO ELECT MATT WOOD [STA-56P9WG-C-001]

Click on the link(s) below to view the document. [Export list to CSV](#)

Results Returned: 12

Year	Doc Type	Doc Name (If Any)	Amend	Received Image	Received Data	Start Date (If Available)	End Date (If Available)	Image	Data
2024	Disclosure Report	Third Quarter	N	10/28/2024	10/27/2024	07/01/2024	10/19/2024	IMAGE	DATA
2024	Disclosure Report	Second Quarter	N	07/10/2024	07/09/2024	02/18/2024	06/30/2024	IMAGE	DATA
2024	Committee Correspondence - Incoming	Miscellaneous Correspondence		02/26/2024				IMAGE	
2024	Disclosure Report	First Quarter	N	02/26/2024	02/25/2024	01/01/2024	02/17/2024	IMAGE	DATA
2024	Statement of Organization		Y	01/25/2024				IMAGE	
2024	Statement of Organization		N	12/29/2023				IMAGE	
2023	Disclosure Report	Organizational	Y	02/26/2024	02/25/2024	12/12/2023	12/22/2023	IMAGE	DATA
2023	Disclosure Report	Year End Semi-Annual	N	02/26/2024	02/25/2024	12/23/2023	12/31/2023	IMAGE	DATA
2023	Disclosure Report	Year End Semi-Annual	Y	02/26/2024	02/25/2024	12/23/2023	12/31/2023	IMAGE	DATA
2023	Committee Correspondence - Incoming	Miscellaneous Correspondence		01/25/2024	01/24/2024			IMAGE	DATA
2023	Certification/Statement	Candidate Designation of Committee Funds		12/29/2023				IMAGE	
2023	Certification/Statement	Certification of Treasurer		12/29/2023				IMAGE	

The key portion of the Jan 25th NCSBE email stating that my data file had been received on January 24th, but that I needed to amend the reporting because I had combined 2 reports into one, and stated that "This report will be entered as a Year-End Semi Annual" instead it was labeled "Miscellaneous Correspondence" when the mailed paper copies were scanned in on February 1 (see the NCSBE scanned in notation on the wet signature image). Because it was not labeled as stated in the January 25th email, in the listing above, appears that none of data and reporting were submitted by January 26th (deadline for Year-End Semi Annual report based on these "doc names" though had the image and data files had been opened why I was sent the amendment email below would be evident.

AMENDMENTS NEEDED — 2023 Organizational/Year End Report: Committee to Elect Matt Wood

1 message

SVC_SBOE.Campaign.Reporting <Campaign.Reporting@ncsbe.gov>
To: Sharon Castleberry <sharoncastleberry1209@gmail.com>
Cc: 'mattwoodnc28@gmail.com' <mattwoodnc28@gmail.com>

Thu, Jan 25, 2024 at 11:00.

PLEASE NOTE: Two reports should not be combined. This report will be entered as a Year-End Semi Annual. However, the report should be amended. You should file a 2023 Organizational Report and a 2023 Year-End Semi Annual Report.

The full email screenshot is included in this petition.



Sharon Castleberry <sharoncastleberry1209@gmail.com>

(no subject)

1 message

Sharon Castleberry <sharoncastleberry1209@gmail.com>

Sun, Feb 25, 2024 at 1:48 PM

To: campaign.reporting@ncsbe.gov

My apologies. We just sent per NCSBE instructions via email to file separately the initial 2023 Organizational Report (that was dated 12.12.23-12.31.23) as a 10 day organizational report and the Semi-Annual Year End Report dated 12.23.23-12.31.23. The amended 2023 Organizational Report (dated 12.12.23 - 12.22.23) was submitted earlier today.

As we began the 1st Qtr Plus, we realized that we needed to amend that just sent 2023 Semi-Annual Year End Report. That amended report is attached.

Again our apologies. Thank you for your time.

Thank you,
Sharon Castleberry
Committee Treasurer

 **STA-56P9WG-C-001_2023_YESA_1_12312023.cfd**
6K

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov

STA-56P9WG-C-001

Bill to
SHARON CASTLEBERRY
COMMITTEE TO ELECT MATT WOOD
PO BOX 1597
CLAYTON, NC 27528-1597

Ship to
SHARON CASTLEBERRY
COMMITTEE TO ELECT MATT WOOD
PO BOX 1597
CLAYTON, NC 27528-1597

Invoice details

Invoice no.: 5126
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/24/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2023 Year End Semi-Annual	10	\$50.00	\$500.00
Total						\$500.00

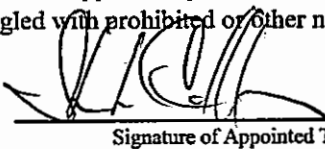
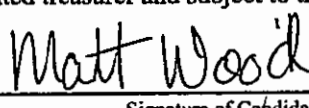
Statement of Organization - Candidate Committee

Is this statement:

☐ New ☒ 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	
Committee to Elect Matt Wood		STA-56P9WG-C-001	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
736 Lightfoot Dr, Clayton, NC 27520		12.12.2023	
c. Committee Website (Optional)		f. Phone Number	
mattwood26.wixsite.com		919-602-4653	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Matthew W. Wood		Democratic	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
736 Lightfoot Dr, Clayton, NC 27520		NC House 26	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
9196024653	mattwoodnc26@gmail.com	2024	
☒ Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Sharon L. Castleberry		Denise C Hall	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
PO Box 1597, Clayton, NC 27528-1597		3208 River Oaks Rd, Clayton, NC 27520	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
9195240939	sharoncastleberry1209@gmail.com	9195247083	deckthehalls@mindspring.com
Send report notices by email ☒ Yes ☐ No		☐ 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	
		First Citizens Bank	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		1	Checking
☐ Email copy of report notices			
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. Sharon L. Castleberry Printed Name of Treasurer  Signature of Appointed Treasurer 01.24.2024 Date 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. Matt Wood Printed Name of Candidate  Signature of Candidate 01.24.2024 Date			

CRO-2100A

NC State Board of Elections

November 2019

Scanned 02-01-2024

JEANNETTE R. REEVES [STA-H2387W-C-001]



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1 Information About You

Jeannette R. Reeves

Name
717 Westover Terrace

Address

Shelby

NC

28150

City

State

Zip Code

jeannette.r.reeves@nccourts.org

704-473-3704

E-Mail Address

Telephone Number

2 Sworn Affidavit

Jeannette Reeves

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Cleveland County, North Carolina.

County and State of Residence

3. I am the:

- ☒ Authorized Candidate for
☐ Chair of
☐ Secretary of

- ☐ Treasurer of
☐ Vice-Chair of

Jeannette R. Reeves

Name of Committee



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on
October 25, 2024

Date of Penalty

2023

Report Year

- ☐ First Quarter Report
☐ Second Quarter Report
☐ Third Quarter Report
☐ Fourth Quarter Report

- ☐ Mid-Year Semiannual Report
☒ Year-End Semiannual Report
☐ Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

I am embarrassed to admit that I forgot that by paying the filing fee (being the only candidate for a particular seat) requires me to begin filing reports again after going inactive. I did not have to do this in 2020. I use my private email for my political committee and must have missed the reminder email sent by the State Board. This was my 3rd time on the ballot for this seat. The only reason my account was reactivated was because of the filing fee that was paid with my own money. In all three elections I have never once received any contributions to my campaign. Filing my report late did not impact any other candidate. This year has been quite busy. *See Page Two

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

x Garnette R Reeves
Signature of Affiant

11/21/2024
Date

State of North Carolina, County of Cleveland

Sworn to (or affirmed) and subscribed before me,

This 21 day of November, 2024

Signature of Notary Public:

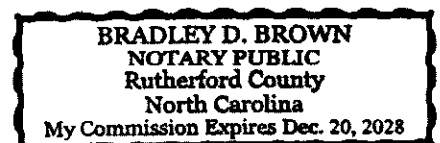
Bradley D. Brown

Printed Name of Notary Public:

Bradley D. Brown

My Commission Expires 12/20/26

Notary Stamp or Seal



Page Two

We had a judge "age out" as of December 31, 2023. As the Chief District Court Judge, I handle scheduling and implementation of changes in scheduling. While down a judge, our district, which consists of two counties) implemented the "1 judge – 1 family" standard in our district courts. This process required me to pull all pending family court cases in both counties and assign them to a judge if there was actually something to be heard, administratively dismiss or close the file. We spent many hours outside of the regular courthouse hours completing this process. We did this process successfully and our district civil numbers are better than ever at this time.

Our district also began H&I felony courts in the first half of the year. I was involved in the planning and implementation of this.

We remained down a judge during these changes until June, 2024, only to have a judge go out on paternity leave two months later. To say the administrative duties of my position (that I absolutely love) have kept me extra busy for the past 14 or so months would be an understatement. I am also a single mom who had a freshman in college last year and one in high school.

I do not mention all these things for pity – I signed up for this position and understand I should do a better job of keeping up with deadlines. I point this out to say I was tending to many other important matters and missed this. I am seeking your mercy. I take my responsibility seriously and apologize for the 9-day delay in filing this report. As I sit here typing this affidavit I've noted to myself that I still have not sought to have my committee placed back in inactive status and will do so soon to avoid further mishaps such as this.

Jeannette Reeves 

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-H2387W-C-001

Bill to
JEANNETTE REEVES
JEANNETTE R. REEVES
717 WESTOVER TERRACE
SHELBY, NC 28150

Ship to
JEANNETTE REEVES
JEANNETTE R. REEVES
717 WESTOVER TERRACE
SHELBY, NC 28150

Invoice details

Invoice no.: 5178
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/24/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2023 Year End Semi-Annual	9	\$50.00	\$450.00
Total						\$450.00

Statement of Organization - Candidate Committee

Is this statement:

☐ New ☒ Amended

Use this form to create a new or update an existing candidate committee. RECEIVED

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information				JAN 08 2024	
a. Name of Committee			d. ID Number		
Jeannette R. Reeves NC STATE BOARD OF ELECTIONS			NS		
b. Mailing Address (include City, State and Zip Code)			e. Date Organized		
717 Westover Terrace Shelby NC 28150					
c. Committee Website (Optional)			f. Phone Number		
			704-473-3704		
2. Candidate Information					
a. Full Name			e. Party Affiliation		
Jeannette Racquel Reeves			Republican		
b. Mailing Address (include City, State, and Zip Code)			f. Office Sought		
717 Westover Terrace Shelby NC 28150			District Court Judge		
c. Phone Number		d. Email Address	g. Next Election Year		h. Jurisdiction
704-473-3704		jracquel77@hotmail.com	2024		39th
☒ Email copy of report notices					
3. Treasurer Information			4. Assistant Treasurer Information		
a. Full Name			a. Full Name		
Jeannette R. Reeves			N/A		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State and Zip Code)		
717 Westover Terrace Shelby NC 28150					
c. Phone Number		d. Email Address	c. Phone Number		d. Email Address
704-473-3704		jracquel77@hotmail.com			
☒ Send report notices by email ☒ Yes ☐ No ☒ 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		
Jeannette R. Reeves					
b. Mailing Address (include City, State, and Zip Code)					
717 Westover Terrace Shelby NC 28150					
c. Phone Number		d. Email Address	b. Account Code		c. Type
704-473-3704		jracquel77@hotmail.com			
☒ Email copy of report notices					
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. <u>Jeannette R. Reeves</u> Printed Name of Treasurer <u>Jeannette Reeves</u> Signature of Appointed Treasurer <u>1-3-2024</u> Date 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. <u>Jeannette Racquel Reeves</u> Printed Name of Candidate <u>Jeannette Reeves</u> Signature of Candidate <u>1-3-2024</u> Date					

CRO-2100A

NC State Board of Elections

November 2019

SC: 1/9/24 KC

JUSTIN GREENE FOR DISTRICT COURT JUDGE [STA-VINZY6-C-003]



NORTH CAROLINA STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Name Justin B. Greene
Address 395 Carson Rd.
City Bryson City State NC Zip Code 28713
E-Mail Address justinbgreene@hotmail.com Telephone Number 828-736-4693

2

Sworn Affidavit

Justin B. Greene being duly sworn, stated:
Name

RECEIVED

NOV 25 2024

NC STATE BOARD OF ELECTIONS

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of

Swain County, NC

County and State of Residence

3. I am the:

- ☒ Authorized Candidate for
☐ Chair of
☐ Secretary of

- ☒ Treasurer of
☐ Vice-Chair of

Justin Greene for District Court Judge

Name of Committee

SC 11-27-24AL



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

10/25/2024

Date of Penalty

2024

Report Year



First Quarter Report



Mid-Year Semiannual Report



Second Quarter Report



Year-End Semiannual Report



Third Quarter Report



Fourth Quarter Report



Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

I filed the first quarter report eight (8) days late from the due date. The report was the first late report of the committee, and the report did not result in the omission of any disclosures to the public. The only amount collected and spent during the entirety of the campaign was the initial filing fee which I paid from my own personal funds. I did not raise any money or receive any contributions from any individuals throughout the entirety of the campaign. The election in which I participated was for an unexpired term in which I was the only candidate and had no opposition. I would like to request a waiver of the entirety of the assessed late penalty.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

X

Signature of Affiant

Date

State of North Carolina, County of

Clay

Sworn to (or affirmed) and subscribed before me,

This 22 day of November, 2024

Signature of Notary Public:

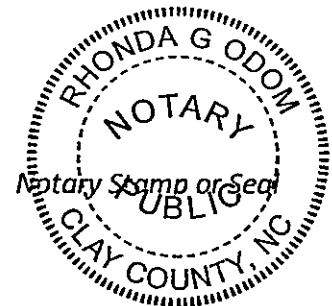
Rhonda G Odom

Printed Name of Notary Public:

Rhonda G Odom

My Commission Expires

09/16/2025



INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-VINZY6-C-003

Bill to
JUSTIN GREENE
JUSTIN GREENE FOR DISTRICT COURT
JUDGE
395 CARSON RD
BRYSON CITY, NC 28713

Ship to
JUSTIN GREENE
JUSTIN GREENE FOR DISTRICT COURT
JUDGE
395 CARSON RD
BRYSON CITY, NC 28713

Invoice details

Invoice no.: 5521
Terms: Net 30
Invoice date: 11/08/2024
Due date: 12/09/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2024 First Quarter Report	8	\$50.00	\$400.00

Total \$400.00

Statement of Organization - Candidate Committee

Is this statement:

☒ New ☐ 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 Justin Greene for District Court Judge		d. ID Number DEC 4 2023	
b. Mailing Address (include City, State and Zip Code) 395 Carson Road, Bryson City, NC 28713		e. Date Organized 12/05/2023 12/04/23	
c. Committee Website (Optional)		f. Phone Number	
2. Candidate Information			
a. Full Name Justin Brice Greene		e. Party Affiliation Democratic	
b. Mailing Address (include City, State, and Zip Code) 395 Carson Road Bryson City, NC 28713		f. Office Sought District Court Judge	
c. Phone Number (828) 736-4693	d. Email Address justinbgreene@hotmail.com	g. Next Election Year 2024	h. Jurisdiction 43rd Judicial
☐ Email copy of report notices			
3. Treasurer Information			
a. Full Name Justin Greene		a. Full Name N/A	
b. Mailing Address (include City, State, and Zip Code) 395 Carson Road Bryson City, NC 28713		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number (828) 736-4693	d. Email Address justinbgreene@Hotmail.com	c. Phone Number	d. Email Address
Send report notices by email ☒ Yes ☐ No		☐ Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)			
a. Full Name Justin B. Greene		a. Financial Institution Full Name N/A	
b. Mailing Address (include City, State, and Zip Code) 395 Carson Road Bryson City, NC 28713		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number (828) 736-4693	d. Email Address justinbgreene@Hotmail.com	b. Account Code	c. Type
☒ Email copy of report notices			
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. Justin B. Greene Printed Name of Treasurer Signature of Appointed Treasurer Date 12/04/23 12/05/2023			
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. Justin B. Greene Printed Name of Candidate Signature of Candidate Date 12/04/23 12/05/2023			

CRO-2100A

NC State Board of Elections

November 2019

SC:12/15/23 CE

MINT HILL-MATTHEWS REPUBLICAN CLUB [STA-VUFC94-C-001]



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

RECEIVED

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1 Information About You

Joseph Carr Turner

Name

600 Bubbling Well Road

Address

Matthews

City

NC

State

28105

Zip Code

nc30thjoe@outlook.com

E-Mail Address

704-849-8224

Telephone Number

2 Sworn Affidavit

Joseph Carr Turner

Name

being duly sworn, stated:

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Mecklenburg County North Carolina

County and State of Residence

3. I am the:

☐ Authorized Candidate for

☐ Chair of

☐ Secretary of

☒ Treasurer of

☐ Vice-Chair of

Mint Hill-Matthews Republican Club

Name of Committee

SC 11-27-2012



NORTH CAROLINA STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

November 8, 2024

Date of Penalty

2024

Report Year

☒ First Quarter Report

☐ Mid-Year Semiannual Rep

☐ Second Quarter Report

☐ Year-End Semiannual Report

☐ Third Quarter Report

☐ Fourth Quarter Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

The previous treasurer Janet Louise Carothers [REDACTED]
[REDACTED] I am now the interim treasurer until January.
Her husband has also had health problems this year and been
in the hospital. She received an email from the NCSBOE on
March 6, 2024 stating that you had not received the 2024 1st
quarter report. She had just mailed the year end report for
2023 on January 26, 2024. She thought that the email was talking
about the 2023 report. She did not know that the 1st quarter report

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

X Joseph Carr Turner

Signature of Affiant

11/20/2024

Date

State of North Carolina, County of Mecklenburg

Sworn to (or affirmed) and subscribed before me,

This 20 day of November, 2024

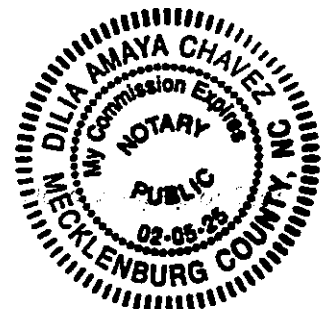
Signature of Notary Public:

Dilia Amaya Chavez

Printed Name of Notary Public:

Dilia Amaya Chavez

My Commission Expires 02/05/2025



for 2024 was due on February 27, 2024. When she began working on the 2nd Quarter report for 2024 she realized her error and completed and mailed the 1st Quarter 2024 report on July 6, 2024

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-VUFC94-C-001

Bill to
JANET LOUISE CAROTHERS
MINT HILL-MATTHEWS REPUBLICAN
CLUB
5420 SADDLEWOOD LN
MINT HILL, NC 28227

Ship to
JANET LOUISE CAROTHERS
MINT HILL-MATTHEWS REPUBLICAN
CLUB
5420 SADDLEWOOD LN
MINT HILL, NC 28227

Invoice details

Invoice no.: 5631
Terms: Net 30
Invoice date: 11/08/2024
Due date: 12/09/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2024 First Quarter Report	10	\$50.00	\$500.00

Total \$500.00

Statement of Organization - Party Committee

Amendment
☐ Yes ☒ No

Use this form to create a new or update an existing party committee.

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

1. Committee Information			
a. Full Name		c. ID Number	
MINT HILL - MATHEWS REPUBLICAN CLUB		STA-VUFC94-C-001	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
3716 SINGLETREE RD MINT HILL NC 28227			
		e. Phone Number	
		704 560 6948	
2. Party Information			
a. Type		b. Party Name	
☐ Executive ☐ Affiliated (Caucus) ☒ Subordinate		REPUBLICAN	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
ERNIE WITTENBORN		ERNIE WITTENBORN	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
7336 OVERJOYED CROSSING CHARLOTTE NC 28215		7336 OVERJOYED CROSSING CHARLOTTE NC 28215	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336 455 0923	ERNIEWITTENBORN@YAHOO.COM	336 455 0923	ERNIEWITTENBORN@YAHOO.COM
I prefer to receive notices by email ☐ Yes ☒ No		☐ Email copy of notices	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
☐ 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.			
ERNIE WITTENBORN		1/29/2025	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	

CRO-2100C

NC State Board of Elections

May 2016

SCN 02/04/25

TAR RIVER RW [STA-F7E282-C-001]



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Susan Haughwout

Name

6229 N NC Highway 58

Address

Nashville

NC

27856

City

State

Zip Code

suejoyvt@gmail.com

802-380-0394

E-Mail Address

Telephone Number

2

Sworn Affidavit

Susan Haughwout

Name

being duly sworn, stated:

RECEIVED
NOV 25 2024
1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Nash County, NC

NC STATE BOARD OF ELECTIONS

County and State of Residence

3. I am the:

- ☐ Authorized Candidate for
☐ Chair of
☐ Secretary of

- ☒ Treasurer of
☐ Vice-Chair of

Tar River Republican Women

Name of Committee

SC-11-27-24 Az



NORTH CAROLINA STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

October 25, 2024

Date of Penalty

2023

Report Year

- ☐ First Quarter Report
☐ Second Quarter Report
☐ Third Quarter Report
☐ Fourth Quarter Report

- ☐ Mid-Year Semiannual Report
☒ Year-End Semiannual Report
2023
☐ Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

Our club was very new in 2023, chartered by NCFRW in October 2023. I completed the online training and gained access to the reporting system in December 2023. A week later

Upon my recovery in February, I contacted the NCSBE for guidance on filing required reports. I filed the First Quarter Report timely along with the late 2023 Year-End Semiannual Report on Feb 26th. As of 12/31/23, our club had received contributions in the amount \$660, and disbursed membership dues to NCFRW in the amount of \$440. The tardiness was due to my extended illness.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

X

Signature of Affiant

SUSAN HAUGHWOUT

Date

11/22/24

State of North Carolina, County of Nash

Sworn to (or affirmed) and subscribed before me,

This 22 day of Nov, 2024

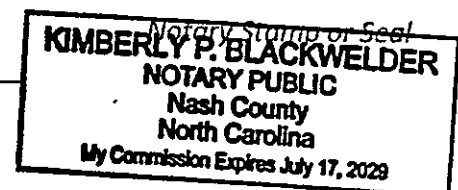
Signature of Notary Public:

Kimberly Blackwelder

Printed Name of Notary Public:

Kimberly Blackwelder

My Commission Expires 7/17/2029



INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-F7E282-C-001

Bill to
SUSAN HAUGHWOUT
TAR RIVER RW
6229 N NC HIGHWAY 58
NASHVILLE, NC 27856

Ship to
SUSAN HAUGHWOUT
TAR RIVER RW
6229 N NC HIGHWAY 58
NASHVILLE, NC 27856

Invoice details

Invoice no.: 5231
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/24/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2023 Year End Semi-Annual	10	\$50.00	\$500.00
Total						\$500.00

Statement of Organization - Party Committee

Use this form to create a new or update an existing party committee.

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

Amendment
☐ Yes ☐ No

1. Committee Information	
a. Full Name TAR RIVER REPUBLICAN WOMEN (EIN: 93-3075759)	c. ID Number
b. Mailing Address (Include City, State and Zip Code) P.O. BOX 133 CASTALIA, NC 27816	d. Date Organized 8/23/2023
	e. Phone Number 802-380-0394

2. Party Information	
a. Type ☒ Executive ☐ Affiliated (Caucus) ☐ Subordinate	b. Party Name REPUBLICAN

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name SUSAN JOY HAUGHWOUT	b. Mailing Address (Include City, State, and Zip Code) 6229 N NC HIGHWAY 58 NASHVILLE, NC 27856	a. Full Name SUSAN JOY HAUGHWOUT	b. Mailing Address (Include City, State, and Zip Code) 6229 N NC HIGHWAY 58 NASHVILLE, NC 27856
c. Phone Number 802-380-0394	d. Email Address suejoyvt@gmail.com	c. Phone Number 802-380-0394	d. Email Address suejoyvt@gmail.com

I prefer to receive notices by email ☐ Yes ☒ No	☒ Email copy of notices

5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name N/A	b. Mailing Address (Include City, State, and Zip Code) N/A	a. Financial Institution Full Name FIRST BANK & TRUST COMPANY	b. Purpose Receive membership dues & donations. Expenditures to support electing republican candidates, paying administrative bills such as Post Office Box.
c. Phone Number N/A	d. Email Address N/A	c. Account Code 1	d. Type Checking
☐ 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.	
<u>SUSAN JOY HAUGHWOUT</u> Printed Name of Signer	<u>[Signature]</u> Signature of Appointed Treasurer
	<u>26 FEB 24</u> Date

SC 3/6/24 AL

BYRD-CLARK FOR NC [STA-MCVLAO-C-001]



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
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- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Alisha Byrd-Clark

Name

1216 West Bank Street

Address

Salisbury

NC

28144

City

State

Zip Code

abyrdclark@gmail.com

704-798-6436

E-Mail Address

Telephone Number

2

Sworn Affidavit

Alisha Byrd-Clark

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Rowan, North Carolina

County and State of Residence

3. I am the:

- ☐ Authorized Candidate for
☐ Chair of
☐ Secretary of

- ☒ Treasurer of
☐ Vice-Chair of

Byrd-Clark for NC

Name of Committee



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER
CIVIL LATE PENALTY
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

10/25/2024

Date of Penalty

2023

Report Year

☐

First Quarter Report

☐

Mid-Year Semiannual Report

☐

Second Quarter Report

☒

Year-End Semiannual Report

☐

Third Quarter Report

☐

Municipal Report

☐

Fourth Quarter Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

This committee is new to state reporting. All electronic forms were submitted on the date required as well as the mailed in disclosure reports. The committee was not aware that mailings could be post marked by the post office in advance. Due to being new at this and not understanding what could have been done in advance, this committee is requesting a waiver in the amount of \$500.00 if possible. Thanking you in advance - Byrd Clark for NC.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

X

Signature of Affiant

Date

11/25/24

State of North Carolina, County of Rowan

Sworn to (or affirmed) and subscribed before me,

This 25 day of November, 2024

Signature of Notary Public:

Shawn Rush

Printed Name of Notary Public:

Shawn Rush

SHAWN RUSH
NOTARY PUBLIC
Rowan County
North Carolina
My Commission Expires 2-25-2025

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
P.O. BOX 434
SALISBURY, NC 28145

campaignreporting@ncsbe.gov
(919) 814-0700
www.ncsbe.gov



ST: MCCLAO-C-001

Bill to

ALISHA BYRD-CLARK
BYRD-CLARK FOR NC
PO BOX 434
SALISBURY, NC 28145

Ship to

ALISHA BYRD-CLARK
BYRD-CLARK FOR NC
PO BOX 434
SALISBURY, NC 28145

Invoice details

Invoice no.: 5076

Terms: Net 30

Invoice date: 10/25/2024

Due date: 11/24/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2023 Year End Semi-Annual	10	\$50.00	\$500.00
Total						\$500.00

Product or service

Description

Qty

Rate

Amount



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

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1

Information About You

Alisha Byrd-Clark

Name

1216 West Bank Street

Address

Salisbury

NC

28144

City

State

Zip Code

abyrdclark@gmail.com

704-798-6436

E-Mail Address

Telephone Number

2

Sworn Affidavit

Alisha Byrd-Clark

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Rowan, North Carolina

County and State of Residence

3. I am the:

☐ Authorized Candidate for

☒ Treasurer of

☐ Chair of

☐ Vice-Chair of

☐ Secretary of

Byrd-Clark for NC

Name of Committee



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER
CIVIL LATE PENALTY
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

10/25/2024

Date of Penalty

2024

Report Year



First Quarter Report



Mid-Year Semiannual Report



Second Quarter Report



Year-End Semiannual Report



Third Quarter Report



Fourth Quarter Report



Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

This committee is new to state reporting. All electronic forms were submitted on the date required as well as the mailed in disclosure reports. The committee was not aware that mailings could be post marked by the post office in advance. Due to being new at this and not understanding what could have been done in advance, this committee is requesting a waiver in the amount of \$100.00 if possible. Thanking you in advance - Byrd Clark for NC.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

X

Signature of Affiant

11/25/24
Date

State of North Carolina, County of Rowan

Sworn to (or affirmed) and subscribed before me,

This 25 day of November, 2024

Signature of Notary Public:

Shawn Rush

Printed Name of Notary Public:

Shawn Rush

SHAWN RUSH
NOTARY PUBLIC
Rowan County
North Carolina
My Commission Expires 07-27-2026

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-2255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-MCVLAD-C-001

Bill to

ALISHA BYRD-CLARK
BYRD-CLARK FOR NC
PO BOX 484
SALISBURY, NC 28145

Ship to

ALISHA BYRD-CLARK
BYRD-CLARK FOR NC
PO BOX 484
SALISBURY, NC 28145

Invoice details

Invoice no.: 5407

Terms: Net 30

Invoice date: 11/08/2024

Due date: 12/09/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2024 First Quarter Report	2	\$50.00	\$100.00
Total						\$100.00

Statement of Organization - Candidate Committee

Is this statement:

☒ New

☐ 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 Byrd-Clark for NC		d. ID Number 051966	
b. Mailing Address (include City, State and Zip Code) PO Box 484 Salisbury, NC 28145		e. Date Organized 12/4/2023	
c. Committee Website (Optional) NC STATE BOARD OF ELECTIONS		f. Phone Number 704-640-7254	
2. Candidate Information			
a. Full Name Alisha Nicole Byrd-Clark		e. Party Affiliation Democrat	
b. Mailing Address (include City, State, and Zip Code) PO Box 484 Salisbury, NC 28145		f. Office Sought NC House of Representatives District 76	
c. Phone Number 704-640-7254	d. Email Address abyrdclark@gmail.com	g. Next Election Year 2024	h. Jurisdiction Rowan - NC House District 76
☐ Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Alisha Nicole Byrd-Clark		a. Full Name N/A	
b. Mailing Address (include City, State, and Zip Code) PO Box 484 Salisbury, NC 28145		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 704-640-7254	d. Email Address abyrdclark@gmail.com	c. Phone Number	d. Email Address
Send report notices by email ☒ Yes ☐ No		☐ Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name N/A		a. Financial Institution Full Name South State Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Campaign Account	
c. Phone Number	d. Email Address	b. Account Code 01	c. Type Checking
☐ Email copy of report notices			
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. <u>Alisha Byrd-Clark</u> <u>[Signature]</u> <u>12/4/23</u> Printed Name of Treasurer Signature of Appointed Treasurer Date 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. <u>Alisha Byrd-Clark</u> <u>[Signature]</u> <u>12/4/23</u> Printed Name of Candidate Signature of Candidate Date			

SC: 12/11/23^{cc}

CITIZENS FOR BRIAN E. LEWIS [STA-ALFQ8D-C-001]



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Brian Lewis

Name

72 Crystal Pt

Address

Sanford

NC

27332

City

State

Zip Code

pumbalew@gmail.com

910-286-0694

E-Mail Address

Telephone Number

2

Sworn Affidavit

BRIAN E.LEWIS

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of HARNETT COUNTY, NC

County and State of Residence

3. I am the:

☒ Authorized Candidate for

☒ Treasurer of

☐ Chair of

☐ Vice-Chair of

☐ Secretary of

CITIZENS FOR BRIAN E. LEWIS

Name of Committee



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

10/25/2024

Date of Penalty

2024

Report Year



First Quarter Report



Mid-Year Semiannual Report



Second Quarter Report



Year-End Semiannual Report



Third Quarter Report



Fourth Quarter Report



Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

THE REPORT WAS LOST IN MAIL. I RESENT AGAIN BY CERTIFIED MAIL. THE DUE DATE WAS 2/27/2024. I SUBMITTED THE ELECTRONIC FORM ON 2/27/2024 AND SIGNED AND MAILED THE ORIGINAL THAT SAME DAY BY CERTIFIED MAIL. I HAVE ATTACHED THE MAIL INFO. PLEASE WAIVE. I HAD TO DO A SERVICE CASE WITH THE POST OFFICE. THE SECOND MAILING WAS ALSO CERTIFIED.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

X

[Signature]
Signature of Affiant

11/25/24
Date

State of North Carolina, County of Harnett

Sworn to (or affirmed) and subscribed before me,

This 25th day of November, 2024

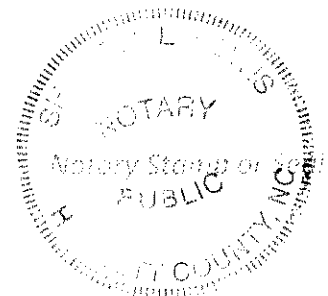
Signature of Notary Public:

[Signature]

Printed Name of Notary Public:

Sharon L Lewis

My Commission Expires Nov 12 2027



INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS

PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-ALFQ8D-C-001

Bill to

BRIAN E. LEWIS
CITIZENS FOR BRIAN E. LEWIS
72 CRYSTAL PT
SANFORD, NC 27332

Ship to

BRIAN E. LEWIS
CITIZENS FOR BRIAN E. LEWIS
72 CRYSTAL PT
SANFORD, NC 27332

Invoice details

Invoice no.: 5421
Terms: Net 30
Invoice date: 11/08/2024
Due date: 12/09/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2024 First Quarter Report	10	\$50.00	\$500.00
Total						\$500.00



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Brian Lewis

Name

72 Crystal Pt

Address

Sanford

NC

27332

City

State

Zip Code

pumbalew@gmail.com

910-286-0694

E-Mail Address

Telephone Number

2

Sworn Affidavit

Brian E. Lewis

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Harnett County, NC

County and State of Residence

3. I am the:

☒ Authorized Candidate for

☐ Treasurer of

☐ Chair of

☐ Vice-Chair of

☐ Secretary of

Citizens for Brian E. Lewis

Name of Committee



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

2/20/2025

Date of Penalty

2024

Report Year

☐ First Quarter Report

☐ Mid-Year Semiannual Report

☒ Second Quarter Report

☐ Year-End Semiannual Report

☐ Third Quarter Report

☐ Fourth Quarter Report

☐ Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

I completed my electronic filing on time but mistakenly put an unsigned copy of my report in the mail on time that was sent certified mail, instead for my signed copy. The Board notified me when they received the unsigned copy. I immediately mailed the signed copy also certified. This was an administrative error and did not effect the board having all my accurate information by the required time. In the future I plan to implement electronic signatures. Please waive this fee

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

x

[Signature]
Signature of Affiant

March 2, 2025

Date

State of North Carolina, County of Harnett

Sworn to (or affirmed) and subscribed before me,

This 2 day of March, 2025

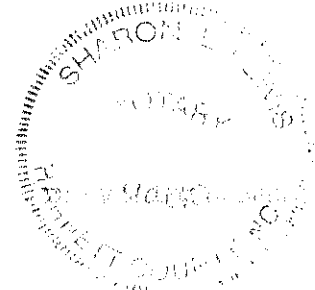
Signature of Notary Public:

[Signature]

Printed Name of Notary Public:

Sharon L Lewis

My Commission Expires Nov 12, 2027



INVOICE

**NORTH CAROLINA STATE BOARD
OF ELECTIONS**
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-ALFQ8D-C-001

Bill to

BRIAN E. LEWIS
CITIZENS FOR BRIAN E. LEWIS
72 CRYSTAL PT
SANFORD, NC 27332

Ship to

BRIAN E. LEWIS
CITIZENS FOR BRIAN E. LEWIS
72 CRYSTAL PT
SANFORD, NC 27332

Invoice details

Invoice no.: 5911

Terms: Net 30

Invoice date: 02/20/2025

Due date: 03/24/2025

#	Date	Product or service	Description	Qty	Rate	Amount
1.	02/20/2025	Non-statewide - LATE REPORT	2024 Second Quarter	10	\$50.00	\$500.00
Total						\$500.00

Statement of Organization - Candidate Committee

Is this statement:

☒ New ☐ 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		RECEIVED	
a. Name of Committee		d. ID Number	
Citizens for BRIAN E. LEWIS		FEB 17 2022	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
72 Crystal Pt Sanford NC 27332		2/11/2022	
c. Committee Website (Optional)		f. Phone Number	
CAMPAIGN FINANCE OFFICE STATE BOARD OF ELECTIONS		910-286-0695	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
BRIAN ELTON LEWIS		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
72 Crystal Pt, Sanford NC 27332		District Court Judge,	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-286-0694	pumbalew@gmail.com	2022	Harnett, Lee, Johnson
☐ Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Brian E. Lewis			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
72 Crystal Pt, Sanford NC 27332			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-286-0694	pumbalew@gmail.com		
Send report notices by email ☒ Yes ☐ No		☐ 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	
Brian E. Lewis		PNC Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
72 Crystal Pt, Sanford NC 27332		464 Ramsey St Fayetteville NC 28301	
c. Phone Number	d. Email Address	c. Type	
910-286-0694	pumbalew@gmail.com	PNC I	checking
☒ Email copy of report notices			
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. <u>Brian E Lewis</u> <u>[Signature]</u> <u>2/11/2022</u> Printed Name of Treasurer Signature of Appointed Treasurer Date 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. <u>Brian E Lewis</u> <u>[Signature]</u> <u>2/11/2022</u> Printed Name of Candidate Signature of Candidate Date			

SCANNED

FEB 17 22

CRO-2100A

NC State Board of Elections

November 2019

DM

COMMITTEE TO ELECT JOANNE CHESLEY [STA-P5TN08-C-001]



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

RECEIVED
NOV 25 2024
NC STATE BOARD OF ELECTIONS

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1 Information About You

Gail Moseley
Name
5003 WARM SPRINGS POINTE
Address
Greensboro N.C. 27455
City State Zip Code
gjmoseley@gmail.com 336 337 5928
E-Mail Address Telephone Number

2 Sworn Affidavit

Gail Moseley being duly sworn, stated:
Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Guilford County, N.C.
County and State of Residence

3. I am the:

☐ Authorized Candidate for	☒ Treasurer of
☐ Chair of	☐ Vice-Chair of
☐ Secretary of	

Committee to Elect Joanne Chesley
Name of Committee

SC 11-27-24



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

11/08/2024

Date of Penalty

2024

Report Year



First Quarter Report



Mid-Year Semiannual Report



Second Quarter Report



Year-End Semiannual Report



Third Quarter Report



Municipal Report



Fourth Quarter Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

We submitted the report itself on time, the wet signature page was not on time. Since this was the case, why did we not receive a late notice from your office immediately. The wet signature page was only days late.
The first bill we received was Nov. 8, 2024.
I am asking you to waive \$400.00
I am new to this position, I assumed the electronic report was all that was needed. I did not make this error on any subsequent reports.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

x

Signature of Affiant

Gael Mosey

Date

11/21/2024

State of North Carolina, County of Guilford

Sworn to (or affirmed) and subscribed before me,

This 21st day of November, 2024

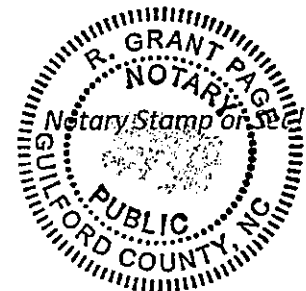
Signature of Notary Public:

R. Grant Page

Printed Name of Notary Public:

R. Grant Page

My Commission Expires July 8 2027



INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-P5TN08-C-001

Bill to
JOANNE CHESLEY
COMMITTEE TO ELECT JOANNE CHESLEY
308 LOWRANCE AVE
KANNAPOLIS, NC 28081

Ship to
JOANNE CHESLEY
COMMITTEE TO ELECT JOANNE CHESLEY
308 LOWRANCE AVE
KANNAPOLIS, NC 28081

Invoice details

Invoice no.: 5453
Terms: Net 30
Invoice date: 11/08/2024
Due date: 12/09/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2024 First Quarter Report	9	\$50.00	\$450.00
Total						\$450.00

Statement of Organization - Candidate Committee

Is this statement:

☒ New ☐ 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 Committee to Elect Joanne Chesley		d. ID Number [REDACTED]	
b. Mailing Address (include City, State and Zip Code) 308 Lowrance Ave. Kannapolis, NC 28081		e. Date Organized 12/15/2023	
c. Committee Website (Optional) NC STATE BOARD OF ELECTIONS		f. Phone Number	
2. Candidate Information			
a. Full Name Joanne Rochella Chesley		c. Party Affiliation Democrat	
b. Mailing Address (include City, State, and Zip Code) 308 Lowrance Ave. Kannapolis, NC 28081		f. Office Sought NC House of Representatives, District 83	
c. Phone Number 336-988-0084	d. Email Address chesleyfornc@gmail.com	g. Next Election Year 2024	h. Jurisdiction Cabarrus County
☒ Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Joanne Chesley		a. Full Name Gail Moseley	
b. Mailing Address (include City, State, and Zip Code) 308 Lowrance Ave. Kannapolis, NC 28081		b. Mailing Address (include City, State and Zip Code) 5003 Warm Springs Pl., Greensboro, NC 27455	
c. Phone Number 336-988-0084	d. Email Address chesleyfornc@gmail.com	c. Phone Number 3363375928	d. Email Address gjjmoseley@gmail.com
Send report notices by email ☒ Yes ☐ No		☒ Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name Joanne Chesley		a. Financial Institution Full Name Truist	
b. Mailing Address (include City, State, and Zip Code) 308 Lowrance Ave. Kannapolis, NC 28081			
c. Phone Number 336-988-0084	d. Email Address chesleyfornc@gmail.com	b. Account Code [REDACTED]	c. Type Checking
☒ Email copy of report notices			
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. <u>Joanne Chesley</u> <u>Joanne Chesley</u> Dec 18, 2023 Printed Name of Treasurer Signature of Appointed Treasurer Date 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. <u>Joanne Chesley</u> <u>Joanne Chesley</u> Dec 18, 2023 Printed Name of Candidate Signature of Candidate Date			

CRO-21 /A

NC State Board of Elections

November 2019

SC:12/21/23^{CB}

INFORMED VOTERS OF NC [STA-C3663N-C-001]



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

RECEIVED

NOV 27 2024

NC STATE BOARD OF ELECTIONS

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- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
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- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
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- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Name MARCUS Kindley

Address 3300 Battleground Ave suite 202

City Greensboro State NC Zip Code 27410

E-Mail Address MARCUSK136@hotmail.com Telephone Number 336 288-6890 ext 136

2

Sworn Affidavit

MARCUS Kindley being duly sworn, stated:
Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Guilford County, North Carolina
County and State of Residence

3. I am the:

☐ Authorized Candidate for	☒ Treasurer of
☒ Chair of	☐ Vice-Chair of
☐ Secretary of	

Informed Voters of NC
Name of Committee

Scanned 12/04/2024 NW



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

10/25/2024
Date of Penalty

2024
Report Year



First Quarter Report



Mid-Year Semiannual Report



Second Quarter Report



Year-End Semiannual Report



Third Quarter Report



Municipal Report



Fourth Quarter Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

I sent the original report on Feb 27 2024, mailed @ the post office, McLeanville, NC. When I received a notification I immediately sent in a new one with the letter attached. In my haste I forgot to sign it. This was an honest mistake and I still do not KNOW if the original reached your office. I feel this fine is waived for in this instance.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

x

Signature of Affiant

Date

State of North Carolina, County of GUILFORD

Sworn to (or affirmed) and subscribed before me,

This 12 day of November, 2024

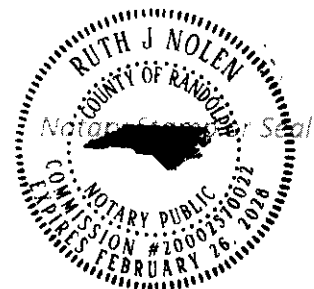
Signature of Notary Public:

Ruth J. Nolen

Printed Name of Notary Public:

Ruth J. Nolen

My Commission Expires February 26, 2028



March 6, 2024

Dear Sirs:

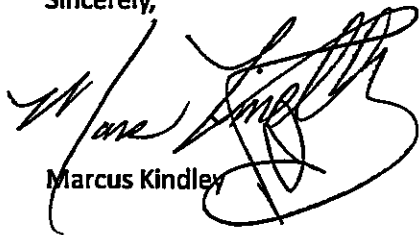
I am sending this in as an amendment. I do not see online the report I sent in on the 27th of Feb. for the First Quarter.

Not sure what is going on with our US Postal Service.

Thank you for all your hard work.

Know it is challenging at this time.

Sincerely,

A handwritten signature in black ink, appearing to read 'Marcus Kindley', is written over the printed name. The signature is stylized with a large, looping 'M' and a cursive 'Kindley'.

Marcus Kindley

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-C3663N-C-001

Bill to
MARCUS KINDLEY
INFORMED VOTERS OF NC
3300 BATTLEGROUND AVE STE 400
GREENSBORO, NC 27410

Ship to
MARCUS KINDLEY
INFORMED VOTERS OF NC
3300 BATTLEGROUND AVE STE 400
GREENSBORO, NC 27410

Invoice details

Invoice no.: 5628
Terms: Net 30
Invoice date: 11/08/2024
Due date: 12/09/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2024 First Quarter Report	10	\$50.00	\$500.00
Total						\$500.00

Statement of Organization - Political Action Committee

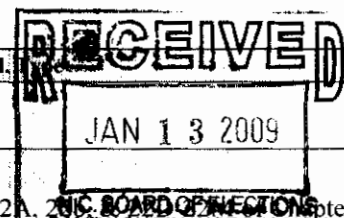
Amendment

☐ Yes ☐ No

Use this form to create a new or update an existing political action committee (PAC).

This form must be accompanied by form CRO-3500.

1. Committee Information			
a. Full Name Informed Voters Of North Carolina		c. ID Number 7920052	
b. Mailing Address (include City, State and Zip Code) 3300 Battleground Ave. suite 400 Greensboro NC 27410		d. Date Organized	
		e. Phone Number 336-288-6890	
2. Political Action Committee Information		3. Connected Organization or Affiliated Committee	
a. Category (Check only one) ☐ Banking/Finance ☐ Building/Real Estate ☒ Conservative/Liberal ☐ Environment ☒ Get Out the Vote ☐ Health ☐ Information Technology / Telecommunications ☐ Insurance ☐ Legal ☐ Manufacturing ☐ Minority ☐ Political Party not part of Party Plan of Org. ☐ Religious ☐ Trade ☐ Utilities ☐ Other / Not listed		a. Full Name	
b. Type (Check only one) ☐ Parent Entity ☐ Economic Interest ☒ Political Purpose		b. Mailing Address (include City, State, and Zip Code)	
c. Definition of Type		c. Phone Number	
		d. Relationship	
d. Member Definition			
4. Treasurer Information		5. Custodian of Books Information	
a. Full Name Marcus Kindley		a. Full Name Marcus Kindley	
b. Mailing Address (include City, State, and Zip Code) 3300 Battleground Ave #400 Greensboro, NC 27410		b. Mailing Address (include City, State, and Zip Code) 3300 battleground Ave. #400 Greensboro NC 27410	
c. Phone Number 336-288-6890	d. Email Address marcusk136@intercaro	c. Phone Number 336-288-6890	d. Email Address marcusk136@intercaro
6. Assistant Treasurer Information		7. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d.
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 28C, 28D, 28E, 28F, 28G, 28H, 28I, 28J, 28K, 28L, 28M, 28N, 28O, 28P, 28Q, 28R, 28S, 28T, 28U, 28V, 28W, 28X, 28Y, 28Z, 29A, 29B, 29C, 29D, 29E, 29F, 29G, 29H, 29I, 29J, 29K, 29L, 29M, 29N, 29O, 29P, 29Q, 29R, 29S, 29T, 29U, 29V, 29W, 29X, 29Y, 29Z, 30A, 30B, 30C, 30D, 30E, 30F, 30G, 30H, 30I, 30J, 30K, 30L, 30M, 30N, 30O, 30P, 30Q, 30R, 30S, 30T, 30U, 30V, 30W, 30X, 30Y, 30Z, 31A, 31B, 31C, 31D, 31E, 31F, 31G, 31H, 31I, 31J, 31K, 31L, 31M, 31N, 31O, 31P, 31Q, 31R, 31S, 31T, 31U, 31V, 31W, 31X, 31Y, 31Z, 32A, 32B, 32C, 32D, 32E, 32F, 32G, 32H, 32I, 32J, 32K, 32L, 32M, 32N, 32O, 32P, 32Q, 32R, 32S, 32T, 32U, 32V, 32W, 32X, 32Y, 32Z, 33A, 33B, 33C, 33D, 33E, 33F, 33G, 33H, 33I, 33J, 33K, 33L, 33M, 33N, 33O, 33P, 33Q, 33R, 33S, 33T, 33U, 33V, 33W, 33X, 33Y, 33Z, 34A, 34B, 34C, 34D, 34E, 34F, 34G, 34H, 34I, 34J, 34K, 34L, 34M, 34N, 34O, 34P, 34Q, 34R, 34S, 34T, 34U, 34V, 34W, 34X, 34Y, 34Z, 35A, 35B, 35C, 35D, 35E, 35F, 35G, 35H, 35I, 35J, 35K, 35L, 35M, 35N, 35O, 35P, 35Q, 35R, 35S, 35T, 35U, 35V, 35W, 35X, 35Y, 35Z, 36A, 36B, 36C, 36D, 36E, 36F, 36G, 36H, 36I, 36J, 36K, 36L, 36M, 36N, 36O, 36P, 36Q, 36R, 36S, 36T, 36U, 36V, 36W, 36X, 36Y, 36Z, 37A, 37B, 37C, 37D, 37E, 37F, 37G, 37H, 37I, 37J, 37K, 37L, 37M, 37N, 37O, 37P, 37Q, 37R, 37S, 37T, 37U, 37V, 37W, 37X, 37Y, 37Z, 38A, 38B, 38C, 38D, 38E, 38F, 38G, 38H, 38I, 38J, 38K, 38L, 38M, 38N, 38O, 38P, 38Q, 38R, 38S, 38T, 38U, 38V, 38W, 38X, 38Y, 38Z, 39A, 39B, 39C, 39D, 39E, 39F, 39G, 39H, 39I, 39J, 39K, 39L, 39M, 39N, 39O, 39P, 39Q, 39R, 39S, 39T, 39U, 39V, 39W, 39X, 39Y, 39Z, 40A, 40B, 40C, 40D, 40E, 40F, 40G, 40H, 40I, 40J, 40K, 40L, 40M, 40N, 40O, 40P, 40Q, 40R, 40S, 40T, 40U, 40V, 40W, 40X, 40Y, 40Z, 41A, 41B, 41C, 41D, 41E, 41F, 41G, 41H, 41I, 41J, 41K, 41L, 41M, 41N, 41O, 41P, 41Q, 41R, 41S, 41T, 41U, 41V, 41W, 41X, 41Y, 41Z, 42A, 42B, 42C, 42D, 42E, 42F, 42G, 42H, 42I, 42J, 42K, 42L, 42M, 42N, 42O, 42P, 42Q, 42R, 42S, 42T, 42U, 42V, 42W, 42X, 42Y, 42Z, 43A, 43B, 43C, 43D, 43E, 43F, 43G, 43H, 43I, 43J, 43K, 43L, 43M, 43N, 43O, 43P, 43Q, 43R, 43S, 43T, 43U, 43V, 43W, 43X, 43Y, 43Z, 44A, 44B, 44C, 44D, 44E, 44F, 44G, 44H, 44I, 44J, 44K, 44L, 44M, 44N, 44O, 44P, 44Q, 44R, 44S, 44T, 44U, 44V, 44W, 44X, 44Y, 44Z, 45A, 45B, 45C, 45D, 45E, 45F, 45G, 45H, 45I, 45J, 45K, 45L, 45M, 45N, 45O, 45P, 45Q, 45R, 45S, 45T, 45U, 45V, 45W, 45X, 45Y, 45Z, 46A, 46B, 46C, 46D, 46E, 46F, 46G, 46H, 46I, 46J, 46K, 46L, 46M, 46N, 46O, 46P, 46Q, 46R, 46S, 46T, 46U, 46V, 46W, 46X, 46Y, 46Z, 47A, 47B, 47C, 47D, 47E, 47F, 47G, 47H, 47I, 47J, 47K, 47L, 47M, 47N, 47O, 47P, 47Q, 47R, 47S, 47T, 47U, 47V, 47W, 47X, 47Y, 47Z, 48A, 48B, 48C, 48D, 48E, 48F, 48G, 48H, 48I, 48J, 48K, 48L, 48M, 48N, 48O, 48P, 48Q, 48R, 48S, 48T, 48U, 48V, 48W, 48X, 48Y, 48Z, 49A, 49B, 49C, 49D, 49E, 49F, 49G, 49H, 49I, 49J, 49K, 49L, 49M, 49N, 49O, 49P, 49Q, 49R, 49S, 49T, 49U, 49V, 49W, 49X, 49Y, 49Z, 50A, 50B, 50C, 50D, 50E, 50F, 50G, 50H, 50I, 50J, 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CRO-2100D

Am 1/14/09

NC State Board of Elections

December 2007

JACKSON REC [STA-C4238N-C-001]



NORTH CAROLINA

STATE BOARD OF ELECTIONS

**AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES**
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

RECEIVED
DEC 02 2024
NC STATE BOARD OF ELECTIONS

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1 Information About You

Jackson County Republican Party
Name
40 W. Sylva Shopping Area
Address
Sylva NC 28779
City State Zip Code
Chairman@JCGOP.ORG 828-307-0638
E-Mail Address Telephone Number

2 Sworn Affidavit

Ketha Blaine being duly sworn, stated:
Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Jackson County, North Carolina
County and State of Residence

3. I am the:

☐ Authorized Candidate for	☐ Treasurer of
☒ Chair of Jackson County Republican Party	☐ Vice-Chair of
☐ Secretary of	

Jackson County Republican Party
Name of Committee

Scanned 12-04-2024 MW



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

October 25, 2024
Date of Penalty

2023 / 2024
Report Year

- ☒ First Quarter Report ²⁰²⁴
(Both Accounts)
☐ Second Quarter Report
☐ Third Quarter Report
☐ Fourth Quarter Report

- ☐ Mid-Year Semiannual Report
☒ Year-End Semiannual Report
2023
☐ Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

The CF Software Program does not allow one to edit the cash on hand beginning balance. When this number is incorrect it causes the cash on hand at the end to be incorrect. It was my desire to do the best job possible in reporting our data. By printing a blank detailed summary and completing it by hand the numbers were accurate.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

Nancy H. Martin
Assistant Treasurer
11/25/24

3

Signature &
Jurat

x Kurt P. Riles
Signature of Affiant

11/25/2024
Date

State of North Carolina, County of Jackson

Sworn to (or affirmed) and subscribed before me,

This 25 day of November, 2024

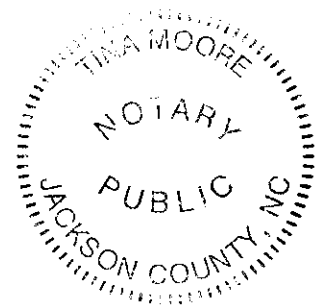
Signature of Notary Public:

Tina Moore

Printed Name of Notary Public:

Tina Moore

My Commission Expires Jan. 30, 2025



INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-C4238N-C-001

Bill to
DEBRA JONES
JACKSON REC
25 CRIMSON DR
WHITTIER, NC 28789

Ship to
DEBRA JONES
JACKSON REC
25 CRIMSON DR
WHITTIER, NC 28789

Invoice details

Invoice no.: 4989
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/25/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - MISSING REPORT	2023 Year End Semi-Annual	10	\$50.00	\$500.00

Total \$500.00

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
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STA-C4238N-C-001

Bill to
DEBRA JONES
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Ship to
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WHITTIER, NC 28789

Invoice details

Invoice no.: 5334
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/24/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - MISSING REPORT	2024 First Quarter	10	\$50.00	\$500.00
Total						\$500.00

Statement of Organization - Party Committee

Amendment

☒ Yes☐ No

Use this form to create a new or update an existing party committee.

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

1. Committee Information	
a. Full Name Jackson County Republican Party	c. ID Number STA-C-4238n-C-001
b. Mailing Address (include City, State and Zip Code) PO BOX 131 Sylva, NC 28779	d. Date Organized 11-02-2000
	e. Phone Number 828-508-0412

2. Party Information	
a. Type ☒ Executive ☐ Affiliated (Caucus) ☐ Subordinate	b. Party Name Jackson County Republican Party

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Kitti L. Chisholm	b. Mailing Address (include City, State, and Zip Code) 169 Bass Ln Whittier, NC 28789	a. Full Name Steven J. Kuehl	b. Mailing Address (include City, State, and Zip Code) 25 Mule Pen Rd. Sylva, NC 28779
c. Phone Number 828-844-1186	d. Email Address kittilbradley@gmail.com	c. Phone Number 269-369-2312	d. Email Address stevekuehl@proton.me

I prefer to receive notices by email ☒ Yes ☐ No☒ Email copy of notices

5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name Steven J. Kuehl	☒ Add ☐ Remove	a. Financial Institution Full Name First Citizens	☒ Add ☐ Remove
b. Mailing Address (include City, State, and Zip Code) 25 Mule Pen Rd. Sylva, NC 28779		b. Purpose Pay bills and deposit donations	
c. Phone Number 828-371-8210	d. Email Address stevekuehl@proton.me	c. Account Code 1	d. Type Checking
☒ 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.

Kitti Chisholm
Printed Name of Signer

Kitti L. Chisholm
Signature of Appointed Treasurer

3/21/25
Date

CRO-2100C

NC State Board of Elections

May 2016

Scanned 4-1-25 @G

NATALIE JONES 4 DISTRICT COURT JUDGE [STA-06D70I-C-001]



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Natalie Jones

Name

4256 Preacher Holmes Road

Address

Graham

NC

27253

City

State

Zip Code

msjonesesq@gmail.com

919-368-3092

E-Mail Address

Telephone Number

2

Sworn Affidavit

Natalie Jones

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Alamance County, North Carolina

County and State of Residence

3. I am the:

☒ Authorized Candidate for

☐ Treasurer of

☐ Chair of

☐ Vice-Chair of

☐ Secretary of

Natalie Jones 4 District Court Judge

Name of Committee



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

10/25/2024

Date of Penalty

2023

Report Year

☐

First Quarter Report

☐

Mid-Year Semiannual Report

☐

Second Quarter Report

☒

Year-End Semiannual Report

☐

Third Quarter Report

☐

Fourth Quarter Report

☐

Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

I filed the report on time but I was later advised by the NCSBE that the report filed by me had the incorrect begin and end dates, and therefore the report would not be accepted. I was advised to resubmit the semiannual report with the correct date.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

x Natalie D.
Signature of Affiant

11/25/24
Date

State of North Carolina, County of ALAMANCE

Sworn to (or affirmed) and subscribed before me,

This 25th day of November, 2024

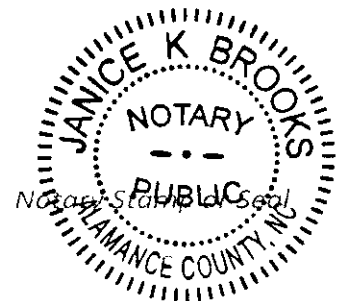
Signature of Notary Public:

Janice K. Brooks

Printed Name of Notary Public:

Janice K. Brooks

My Commission Expires May 1, 2029



From: Yarboro, Allison
To: nataliejones@districtcourt@gmail.com
Subject: NATALIE JONES 4 DISTRICT COURT JUDGE - 2023 Year End Semi-Annual Report
Date: Tuesday, February 13, 2024 1:42:00 PM
Attachments: SBOE - Forms Guide with Links.pdf
image004.emz
image005.png
Importance: High

INTERNAL MEMO

DATE: 2/13/24
FROM: Allison Yarboro
TO: NATALIE JONES 4 DISTRICT COURT JUDGE
SUBJECT: 2023 Year End Semi-Annual Report
FORM OF CONTACT: email/phone

Our office is in receipt of your 2023 Year End Semi-Annual Report which, will be scanned as miscellaneous. Our office is in receipt of only your signed report cover page. The report is not complete without the detailed summary and all the corresponding disclosure reporting forms for the same period. *The report also reflects an incorrect period start date of 12/15/2023. The committee has already submitted the Organizational Report covering from 12/15/2023 through 12/25/2023. The 2023 Year End Semi-Annual Report will need to start the day after the Organizational Report End date = 12/26/2023 and go till 12/31/2023.* Paper filings or a properly submitted electronic filing is acceptable. You will need to submit at a minimum a report cover page by mail with an original "wet signature" with a detailed summary if there is no activity during this reporting period. Please use the correct reporting forms which can be found on our website.

Please refer to the attached link on our website for campaign finance information, forms, schedules, and manual: [Campaign Finance | NCSBE](#). If we can be of assistance, please send an email: campaign.reporting@ncsbe.gov.

Per our conversation today here is your committees webpage on the State Board of Election's (SBOE) website:
<https://cf.ncsbe.gov/CFOrgLookup/DocumentGeneralResult/?SID=STA-06D701-C-001&OGID=52801>

I have also attached the Forms Guide we spoke about.

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-06D70I-C-001

Bill to
NATALIE JONES
NATALIE JONES 4 DISTRICT COURT
JUDGE
PO BOX 782
GRAHAM, NC 27253

Ship to
NATALIE JONES
NATALIE JONES 4 DISTRICT COURT
JUDGE
PO BOX 782
GRAHAM, NC 27253

Invoice details

Invoice no.: 5200
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/24/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2023 Year End Semi-Annual	10	\$50.00	\$500.00

Total \$500.00

Statement of Organization - Candidate Committee

Is this statement:

☒ New ☐ 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 Natalie Jones 4 District Court Judge	d. ID Number
b. Mailing Address (Include City, State and Zip Code) PO Box 782 Graham NC 27253	e. Date Organized 12-15-23
c. Committee Website (Optional)	f. Phone Number 919-368-3092

2. Candidate Information	
a. Full Name Natalie R. Jones	e. Party Affiliation Democrat
b. Mailing Address (Include City, State, and Zip Code) PO Box 782 Graham NC 27253	f. Office Sought District Court Judge
c. Phone Number 919-368-3092	d. Email Address Natalie Jones District Court@gmail.com
g. Next Election Year 2024	h. Jurisdiction 117
☐ Email copy of report notices	

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Natalie R. Jones	a. Full Name None	DEC 22 2023	
b. Mailing Address (Include City, State, and Zip Code) PO Box 782 Graham NC 27253	b. Mailing Address (Include City, State and Zip Code) -	ELECTIONS	
c. Phone Number 919-368-3092	d. Email Address natalie.jones.district.court@gmail.com	c. Phone Number -	d. Email Address -
Send report notices by email ☐ Yes ☐ No		☐ Email copy of report notices	

5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name Natalie R. Jones	a. Financial Institution Full Name TBD		
b. Mailing Address (Include City, State, and Zip Code) PO Box 782 Graham NC 27253	b. Account Code -	c. Type 11	
c. Phone Number 919-368-3092	d. Email Address Natalie Jones District Court@gmail.com		
☐ Email copy of report notices			

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.

Natalie R. Jones

Printed Name of Treasurer

Natalie R. Jones

Signature of Appointed Treasurer

12-19-23

Date

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.

Natalie R. Jones

Printed Name of Candidate

Natalie R. Jones

Signature of Candidate

12/19/23

Date

CRO-2100A

NC State Board of Elections

November 2019

SC: 12/22/23 KC

ORANGE DEC [STA-C3849N-C-001]



NORTH CAROLINA STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

RECEIVED
NOV 27 2024
NC STATE BOARD OF ELECTIONS

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

KIRSTEN STACEY-BOTHWELL

Name

PO Box 3368

Address

CHAPEL HILL,

City

NC

27514

State

Zip Code

treasurer@orangedems.com

E-Mail Address

(919) 933-9662

Telephone Number

2

Sworn Affidavit

KIRSTEN STACEY-BOTHWELL

Name

being duly sworn, stated:

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Orange County

County and State of Residence

3. I am the:

- ☐ Authorized Candidate for
☐ Chair of
☐ Secretary of

- ☒ Treasurer of
☐ Vice-Chair of

Scanned 12-04-2024 MV Orange Democratic Executive Committee
Name of Committee



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on
November 8, 2024
Date of Penalty
2024
Report Year

☒ First Quarter Report	☐ Mid-Year Semiannual Report
☐ Second Quarter Report	☐ Year-End Semiannual Report
☐ Third Quarter Report	
☐ Fourth Quarter Report	☐ Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

Please see attached letter and printouts of email exchanges

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

x Wirst Sybster
Signature of Affiant
11/25/24
Date

State of North Carolina, County of Orange

Sworn to (or affirmed) and subscribed before me,
This 25th day of November, 20 24

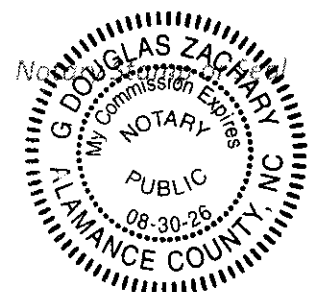
Signature of Notary Public:

G Douglas Zachary

Printed Name of Notary Public:

G Douglas Zachary

My Commission Expires 8/30/2026



CERTIFIED MAIL

November 25, 2024

Greg Larimore
Campaign Finance Director
North Carolina State Board of Elections
P.O. Box 27255
Raleigh, NC 27611-7255

Subject: Orange Democratic Executive Committee Request for Waiver regarding
Notice of Penalty Assessment issued November 8, 2024

Dear Mr. Larimore,

Orange Democratic Executive Committee (Orange DEC) respectfully requests a waiver to the penalty assessment issued by NCSBE on November 8, 2024.

Orange DEC filed the electronic file on the due date of Feb 27 and sent the cover sheets via certified mail on the same date.

On Feb 28 at 8:32 am, Orange DEC received notice from NCSBE that the submitted file didn't import correctly and they were unable to open it. Orange DEC immediately reached out to our vendor and corrected the issue. We resubmitted the corrected efile at 4:45 on Feb 28, the same day of the notification. (Email exchange attached.)

On March 6, Orange DEC received a formal notice of late filing. We reached out to NCSBE noting that both the cover sheet and the efile had been scanned and were posted on the website. NCSBE responded that the notice was merely a courtesy and we could disregard it. (Email exchange attached.)

In summary, Orange DEC has worked in good faith to adhere to the filing guidelines and has been very responsive to all requests from the NCSBE and requests a waiver to the penalty assessment.

Sincerely,


Kirsten Stacey-Bothwell
Treasurer, Orange DEC



vern bothwell <vernb2017@gmail.com>

Fwd: [External] Re: BLANK IMPORT - PLEASE CONTACT VENDOR - Orange DEC 2024 Q1 efile

1 message

Kirsten Stacey-Bothwell (OrangeDems) <treasurer@orangedems.com>
To: vernb2017@gmail.com

Mon, Nov 25, 2024 at 7:36 AM



Kirsten Stacey-Bothwell
Treasurer, OrangeDems

Donate to OrangeDems ~ Let's make North Carolina blue!
<https://secure.actblue.com/donate/orange-county-democratic-party-nc-2>

----- Forwarded message -----

From: **Kirsten Stacey-Bothwell (OrangeDems)** <treasurer@orangedems.com>
Date: Thu, Feb 29, 2024 at 1:21 PM
Subject: Re: [External] Re: BLANK IMPORT - PLEASE CONTACT VENDOR - Orange DEC 2024 Q1 efile
To: SVC_SBOE.Campaign.Reporting <Campaign.Reporting@ncsbe.gov>

Hurray! Thank you Jane.

On Thu, Feb 29, 2024 at 11:36 AM SVC_SBOE.Campaign.Reporting <Campaign.Reporting@ncsbe.gov> wrote:

This one is good. I can see all information.

Regards

Jane

From: Kirsten Stacey-Bothwell (OrangeDems) <treasurer@orangedems.com>
Sent: Wednesday, February 28, 2024 4:45 PM
To: SVC_SBOE.Campaign.Reporting <Campaign.Reporting@ncsbe.gov>
Subject: [External] Re: BLANK IMPORT - PLEASE CONTACT VENDOR - Orange DEC 2024 Q1 efile

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report

Message button located on your Outlook menu bar on the Home tab.

Hello,

I've worked with the vendor and I believe the error has been removed from the electronic file. I'm attaching the fixed file to this email.

Please let me know if issues persist.

Kirsten

On Wed, Feb 28, 2024 at 8:32 AM SVC_SBOE.Campaign.Reporting <Campaign.Reporting@ncsbe.gov> wrote:

This report is importing as a blank document. Please contact your vendor, I suspect the following information is causing the issue.

[EXEMPT_SALE][1]

~"RowID","Report Row ID","Plan Desc","Submit Date","Account Code","Items Sold","Total Amount Raised","Sum To Date","Conducted Accordingly","Conducted Accordingly Comments","Exceeding Purchases","Exceeding Purchases Comments","Amendment Row ID","Amendment Code","External ID","External Status","Current Page"

~"S750005578","23387","this is a test","1/1/1900","","",0.00,0.00,"0","","0","","","","","0"

~END

From: Kirsten Stacey-Bothwell (OrangeDems) <treasurer@orangedems.com>

Sent: Tuesday, February 27, 2024 10:25 AM

To: SVC_SBOE.Campaign.Reporting <Campaign.Reporting@ncsbe.gov>

Subject: [External] Orange DEC 2024 Q1 efile

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Good morning,

Attached please find Orange DEC 2024 Q1 efile reporting on transactions between Jan 1 and Feb 17, 2024.

Kirsten



vern bothwell <vernb2017@gmail.com>

Fwd: [External] Fwd: [State Board of Elections] 2024 First Quarter Report Immediate Notice

1 message

Kirsten Stacey-Bothwell (OrangeDems) <treasurer@orangedems.com>
To: vernb2017@gmail.com

Mon, Nov 25, 2024 at 8:42 AM

----- Forwarded message -----

From: **SVC_SBOE.Campaign.Reporting** <Campaign.Reporting@ncsbe.gov>
Date: Fri, Mar 15, 2024 at 1:34 PM
Subject: RE: [External] Fwd: [State Board of Elections] 2024 First Quarter Report Immediate Notice
To: Kirsten Stacey-Bothwell (OrangeDems) <treasurer@orangedems.com>
Cc: David Parker (OrangeDems) <attorney@orangedems.com>, Cassie Rice (OrangeDems) <chair@orangedems.com>

The emailed immediate notice was a courtesy email only. The First Quarter Report has been received.

Regards

Jane

From: Kirsten Stacey-Bothwell (OrangeDems) <treasurer@orangedems.com>
Sent: Friday, March 15, 2024 12:28 PM
To: SVC_SBOE.Campaign.Reporting <Campaign.Reporting@ncsbe.gov>
Cc: David Parker (OrangeDems) <attorney@orangedems.com>; Cassie Rice (OrangeDems) <chair@orangedems.com>
Subject: [External] Fwd: [State Board of Elections] 2024 First Quarter Report Immediate Notice

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Hello,

Regarding the notice below, I looked on the website and see that our Q1 2024 disclosure report is posted and I see from my certified tracking number that my signed disclosure cover sheet arrived in Raleigh on Mar 1.

Please let me know if I need to do anything further.

----- Forwarded message -----

From: **NCSBE Campaign Finance** <campaign.reporting@ncsbe.gov>

Date: Wed, Mar 6, 2024 at 11:45 AM

Subject: [State Board of Elections] 2024 First Quarter Report Immediate Notice

To: <TREASURER@orangedems.com>

You are receiving this email because a 2024 First Quarter Report has not been received by the State Board of Elections.

Dear Treasurer,

RE: ORANGE DEC

This is a courtesy email under G.S. §§ 163-278.23 and 163-278.34(a) and should **not** be considered a formal Notice of Noncompliance under 08 NCAC 21 .0201.

You are receiving this email because the State Board of Elections has not received the 2024 First Quarter Report. This report should cover from 1/1/2024 through 2/17/2024 and was due to be filed no later than 2/27/2024. If you filed an electronic report, the committee must also file a signed cover page with the original signature.

A report sent by mail is considered filed on the date of postmark. If you know the committee's report was postmarked or sent through an authorized delivery service (such as FedEx or UPS) on or before the February 27, 2024 due date, **you do not need to re-send it.**

Reports received by the State Board of Elections are published on our website. To view your committee record, go to our website at: <https://cf.ncsbe.gov/CFOrgLkup/>

Type your committee's name and select "Search." This will return a record of all reports and correspondence for your committee.

Please note, that a committee that does not file a required report by the due date is subject to civil penalties for late filing under G.S. § 163-278.34(a).

Questions should be emailed to: campaign.reporting@ncsbe.gov

Unsubscribe

This message was sent to **TREASURER@ORANGEDEMS.COM** from **campaign.reporting@ncsbe.gov**

NCSBE Campaign Finance
Third Floor 430 N Salisbury St
Raleigh, NC 27603

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-C3849N-C-001

Bill to
KIRSTEN STACEY-BOTHWELL
ORANGE DEC
708 DUMONT DR
HILLSBOROUGH, NC 27278

Ship to
KIRSTEN STACEY-BOTHWELL
ORANGE DEC
708 DUMONT DR
HILLSBOROUGH, NC 27278

Invoice details

Invoice no.: 5560
Terms: Net 30
Invoice date: 11/08/2024
Due date: 12/09/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2024 First Quarter Report	1	\$50.00	\$50.00
Total						\$50.00

Statement of Organization - Party Committee

Use this form to create a new or update an existing party committee.

This form must be accompanied by form CRO-3500 (when amending, only resubmit if applicable)

Amendment



Yes



No

RECEIVED
FEB 23 2024
NC STATE BOARD OF ELECTIONS

1. Committee Information	
a. Full Name ORANGE COUNTY DEMOCRATIC EXECUTIVE COMMITTEE	c. ID Number STA-C3849N-C-001
b. Mailing Address (include City, State and Zip Code) PO BOX 3368 125 S. ESTES DRIVE CHAPEL HILL, NC 27515-3368	d. Date Organized
	e. Phone Number 510-227-9558

2. Party Information	
a. Type ☐ Executive ☐ Affiliated (Caucus) ☐ Subordinate	b. Party Name

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name KIRSTEN STACEY-BOTHWELL	b. Mailing Address (include City, State, and Zip Code) 708 DUMONT DR HILLSBOROUGH, NC 27278	a. Full Name	b. Mailing Address (include City, State, and Zip Code)
c. Phone Number 510-227-9558	d. Email Address TREASURER@ORANGEDEMS.COM	c. Phone Number	d. Email Address
I prefer to receive notices by email ☒ Yes ☐ No		☐ Email copy of notices	

5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name DENIESE CHANEY	b. Mailing Address (include City, State, and Zip Code)	a. Financial Institution Full Name	b. Purpose
c. Phone Number 919-593-2820	d. Email Address ASSTTREAS@ORANGEDEMS.COM	c. Account Code	d. Type
☐ 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.		
KIRSTEN STACEY-BOTHWELL	<i>Urbt Systr</i>	2/21/2024
Printed Name of Signer	Signature of Appointed Treasurer	Date

CRO-2100C

NC State Board of Elections

May 2016

Scanned 2/26/24

TYSON FOR NC HOUSE 2 [STA-Q3UYNB-C-001]



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

NOV 27 2024
NC STATE BOARD OF ELECTIONS

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

RODGER WHITNEY

Name

1914 TRENT BLVD

Address

NEW BERN

NC

28560

City

State

Zip Code

RODGER@RODGERWHITNEY.COM

2522291390

E-Mail Address

Telephone Number

2

Sworn Affidavit

RODGER WHITNEY

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of CRAVEN COUNTY NC

County and State of Residence

3. I am the:

- ☐ Authorized Candidate for
☐ Chair of
☐ Secretary of

- ☒ Treasurer of
☐ Vice-Chair of

TYSON FOR NC HOUSE

Name of Committee

Scanned 12-04-2024



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on
10/25/24

Date of Penalty

2023

Report Year

- ☐ First Quarter Report
☐ Second Quarter Report
☐ Third Quarter Report
☐ Fourth Quarter Report

- ☐ Mid-Year Semiannual Report
☒ Year-End Semiannual Report
☐ Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

ACCORDING TO THE STATE WEBSITE, THIS REPORT WAS RECEIVED BY THE COMMITTEE ON 1-8-24. PRINTED COPY ENCLOSED

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

X Robert C. Maher

Signature of Affiant

11-25-24

Date

State of North Carolina, County of CRAVEN

Sworn to (or affirmed) and subscribed before me,
This 25 day of November, 2024

Signature of Notary Public:

Ruth T Maher

Notary Stamp or Seal

Printed Name of Notary Public:

RUTH T MAHER

My Commission Expires 2-16-2026

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-Q3UYNB-C-001

Bill to
WILLIAM TAYLOR
TYSON FOR NC HOUSE
504 LILLIPUT DRIVE
NEW BERN, NC 28562

Ship to
WILLIAM TAYLOR
TYSON FOR NC HOUSE
504 LILLIPUT DRIVE
NEW BERN, NC 28562

Invoice details

Invoice no.: 5236
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/24/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2023 Year End Semi-Annual	7	\$50.00	\$350.00
Total						\$350.00

Statement of Organization - Candidate Committee

Is this statement:

☐ New ☒ 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

Tyson for NC House2

RECEIVED

d. ID Number

STA-Q3UYNB-C-001

b. Mailing Address (include City, State and Zip Code)

2301 GRACE AVE NEW BERN NC 28562

SEP 30 2024

e. Date Organized

10-25-19

c. Committee Website (Optional)

NC STATE BOARD OF ELECTIONS

f. Phone Number

252-514-9157

2. Candidate Information

a. Full Name

John Steven Tyson

e. Party Affiliation

Republican

b. Mailing Address (include City, State, and Zip Code)

2301 Grace Ave.
New Bern NC 28562

f. Office Sought

NC House of Representatives

c. Phone Number

252-514-9157

d. Email Address

stevetyson55@gmail.com

g. Next Election Year

2024

h. Jurisdiction

☐ Email copy of report notices

3. Treasurer Information

a. Full Name

Rodger Chesson Whitney

4. Assistant Treasurer Information

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

1914 Trent Blvd.
New Bern NC 28560

b. Mailing Address (include City, State and Zip Code)

c. Phone Number

252-229-1390

d. Email Address

rodger@rodgerwhitney.com

c. Phone Number

d. Email Address

Send report notices by email ☒ Yes ☐ No

☐ Email copy of report notices

5. Custodian of Books Information (Keeper of Records)

a. Full Name

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name

First Citizens Bank

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

b. Account Code

c. Type

☐ Email copy of report notices

DDA

Checking

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.

Rodger Whitney

Printed Name of Treasurer

Rodger Whitney

Signature of Appointed Treasurer

09-25-24

Date

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.

John Steven Tyson

Printed Name of Candidate

John Steven Tyson

Signature of Candidate

09-25-24

Date

CRO-2100A 50124-10/1/24

NC State Board of Elections

November 2019

WAB 09/30/24

7TH CONGRESSIONAL DISTRICT REPUBLICAN PARTY [STA-C4177N-C-001]



NORTH CAROLINA STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1 Information About You

Lyda Moore, Treasurer 7th Congressional District Republican Party

Name

1763 Wood Duck Street SW

Address

Supply

NC

28462

City

State

Zip Code

ncgop7treas24@gmail.com

910-712-0754

E-Mail Address

Telephone Number

2 Sworn Affidavit

Lydia Moore

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Brunswick County, North Carolina

County and State of Residence

3. I am the:

☐ Authorized Candidate for

☒ Treasurer of

☐ Chair of

☐ Vice-Chair of

☐ Secretary of

7th Congressional District Republican Party



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

10/25/2024

Date of Penalty

2024

Report Year



First Quarter Report



Mid-Year Semiannual Report



Second Quarter Report



Year-End Semiannual Report



Third Quarter Report



Fourth Quarter Report



Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

I sent in the report electronically on time, Tuesday, February 27. The wet-ink signature was sent in late because of the following: I experienced the death of my mother, then my daughter within 5 weeks, which caused traumatic shock syndrome, which caused a worsening of my long Covid symptoms (severe diarrhea, cramps, heart palpitations, weakness, extreme fatigue and mental fog, accompanied by vaso-vagal symptoms which can cause me to lose my vision or even pass out). Due to the stress of getting the report in, I experienced a severe episode and could not drive to the post office until February 28th.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

X

Lydia Moore

Signature of Affiant

11-26-24

Date

State of North Carolina, County of Brunswick

Sworn to (or affirmed) and subscribed before me,

This 26th day of Nov, 2024

Signature of Notary Public:

Merke Yna D. Gussert

Printed Name of Notary Public:

Merke Yna D. Gussert

Comex 1-9-2025

Notary Stamp Seal

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS

PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-C4177N-C-001

Bill to

LYDIA MOORE
7TH CONGRESSIONAL DISTRICT
REPUBLICAN PARTY
1763 WOOD DUCK STREET SW
BOLIVIA, NC 28462

Ship to

LYDIA MOORE
7TH CONGRESSIONAL DISTRICT
REPUBLICAN PARTY
1763 WOOD DUCK STREET SW
BOLIVIA, NC 28462

Invoice details

Invoice no.: 5385
Terms: Net 30
Invoice date: 11/08/2024
Due date: 12/09/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2024 First Quarter Report	1	\$50.00	\$50.00

Total

\$50.00



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
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- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Lydia Moore

Name

1763 Wood Duck Street SW

Address

Supply

NC

28462

City

State

Zip Code

ncgop7treas24@gmail.com

910-712-0754

E-Mail Address

Telephone Number

2

Sworn Affidavit

Lydia Moore

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Brunswick County, NC

County and State of Residence

3. I am the:

☐ Authorized Candidate for

☒ Treasurer of

☐ Chair of

☐ Vice-Chair of

☐ Secretary of

7th Congressional District Republican Party

Name of Committee



2

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

2/20/25 (Received 2/25/25)

Date of Penalty

~~2024~~

Report Year



First Quarter Report

114

Mid-Year Semiannual Report

☒

Second Quarter Report

Year-End Semiannual Report

Third Quarter Report

11

Fourth Quarter Report

11

Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

The report was due on July 10, 2024. Our electronic file was emailed on July 9, and acknowledged by the board of elections. (see attached PDF files)

I was unable to mail the top wet-ink page until July 11 (one day late), but it was mailed via certified mail with a post-mark. (see attached receipt) I had fallen ill, with black-out spells/vaso-vagal/weakness symptoms, diarrhea and severe nausea, as the result of experiencing several deaths close to me. I experienced traumatic shock symptoms, aggravated by long Covid. It is dangerous for me to drive when I am in that shape.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

X

Lydia Moore

Signature of Affiant

2-26-25

Date _____

State of North Carolina, County of Brunswick

Sworn to (or affirmed) and subscribed before me.

This 26th day of February, 20 25

Signature of Notary Public:

Staci B. Baker

Printed Name of Notary Public:

Staci B. Baker

My Commission Expires March 21, 2029



9589 0710 5270 1774 4787 26

U.S. Postal Service	
CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
Raleigh, NC 27611	
Certified Mail Fee \$4.40	0459
\$0.00	26
Extra Services & Fees (check box, add fee if appropriate)	
☐ Return Receipt (hardcopy)	\$0.00
☐ Return Receipt (electronic)	\$0.00
☐ Certified Mail Restricted Delivery	\$0.00
☐ Adult Signature Required	\$0.00
☐ Adult Signature Restricted Delivery	\$0.00
Postage \$0.68	
Total Postage and Fees \$5.08	
Sent To	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	

Tracking #: 9589 0710 5270 1774 4787 33
Total \$5.08

Grand Total: \$5.08

Credit Card Remit \$5.08

Card Name: VISA
Account #: XXXXXXXXXXXX4083
Approval #: 069509
Transaction #: 680
AID: A0000000980840 (chip)
Type: US DEBIT
PIN: Not Required

For tracking number to 28777 (or) to get the latest status Standard Message and data rates may apply. You may also visit www.usps.com US Tracking or call 1-800-222-1811.

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or call 1-800-410-7420.

UFN: 366992-0459
Receipt #: 840-52800678-2-10145047-2
Clerk: 26

UNITED STATES POSTAL SERVICE

209 SMITH AVE
SHALLOTTE, NC 28470-4732
(800)275-8777

07/11/2024

02:56 PM

PSA9 0711

Product	Qty	Unit Price	Price
First-Class Mail® Letter	1		\$0.68
Raleigh, NC 27611			
Weight: 0 lb 0.50 oz			
Estimated Delivery Date Mon 07/15/2024			
Certified Mail®			\$4.40
Tracking #: 9589 0710 5270 1774 4787 33			
Total			\$5.08

Grand Total: \$5.08

Credit Card Remit \$5.08

Card Name: VISA
Account #: XXXXXXXXXXXX4083
Approval #: 069579
Transaction #: 680
AID: A0000000980840 Chip
C: US DEBIT
E N: Not Required

For tracking number, to 28777 (SPO)
to get the latest status Standard Message
and date rates may apply. You may also
visit www.usps.com US Tracking or call
1-800-222-1811.

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or scan this code with your mobile device,



or call 1-800-410-7420.

UFN: 366992-0459
Receipt #: 840-52800678-2-10145047-2
Clerk: 26



Lydia Moore <ncgop7treas24@gmail.com>

2nd Qtr Report

4 messages

Lydia Moore <ncgop7treas24@gmail.com>
To: campaign.reporting@ncsbe.gov

Tue, Jul 9, 2024 at 4:26 PM

Attached.

Sincerely,

Lydia Moore, Treasurer
7th Congressional District NCGOP
(910) 712-0754

 STA-C4177N-C-001_2024_QTR2_0_06302024.cfd
12K

Lydia Moore <ncgop7treas24@gmail.com>
To: Telia Kivett <teliak@aol.com>

Wed, Jul 10, 2024 at 4:53 PM

FYI.

Sincerely,

Lydia Moore, Treasurer
7th Congressional District NCGOP
(910) 712-0754

[Quoted text hidden]

 STA-C4177N-C-001_2024_QTR2_0_06302024.cfd
12K

SVC_SBOE.Campaign.Reporting <Campaign.Reporting@ncsbe.gov>
To: Lydia Moore <ncgop7treas24@gmail.com>

Thu, Jul 11, 2024 at 7:23 AM

We are in receipt of your data file(s). You will be contacted by a member of the Campaign Finance team if there are any problems with the submitted data file(s).

A Disclosure Report Cover showing an original, wet-ink signature, must be mailed for each electronic report filed (originals and amendments). State and Federal Report cover pages are mailed to the State Board of Elections. County and Municipal Report cover pages are mailed to the appropriate County Board of Elections.

IMPORTANT NOTE: The post office is no longer required to cancel a stamp with a postmark. For any original report cover page(s) to be considered timely you must either hand deliver or go into the post office and request that the item is postmarked.

Report data that is imported does not appear on our website in real-time. Our website updates overnight each weeknight. All data imported during a business day will appear on our website the following day.

If you have any questions, please feel free to contact our office.

Kind Regards,

Angelique Lanier

Campaign Finance Program Analyst

Email: angelique.lanier@ncsbe.gov

Phone: (919) 814-0700



From: Lydia Moore <ncgop7treas24@gmail.com>
Sent: Tuesday, July 9, 2024 4:27 PM
To: SVC_SBOE.Campaign.Reporting <Campaign.Reporting@ncsbe.gov>
Subject: [External] 2nd Qtr Report

You don't often get email from ncgop7treas24@gmail.com. Learn why this is important

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

[Quoted text hidden]

Lydia Moore <ncgop7treas24@gmail.com>
To: Telia Kivett <teliak@aol.com>

Sat, Jul 20, 2024 at 2:47 PM

See below.
[Quoted text hidden]

2 attachments



INVOICE

**NORTH CAROLINA STATE BOARD
OF ELECTIONS**

PO Box 27255

Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov

+1 (919) 814-0700

www.ncsbe.gov



STA-C4177N-C-001

Bill to

LYDIA MOORE

7TH CONGRESSIONAL DISTRICT

REPUBLICAN PARTY

1763 WOOD DUCK STREET SW

BOLIVIA, NC 28462

Ship to

LYDIA MOORE

7TH CONGRESSIONAL DISTRICT

REPUBLICAN PARTY

1763 WOOD DUCK STREET SW

BOLIVIA, NC 28462

Invoice details

Invoice no.: 5851

Terms: Net 30

Invoice date: 02/20/2025

Due date: 03/24/2025

#	Date	Product or service	Description	Qty	Rate	Amount
1.	02/20/2025	Non-statewide - LATE REPORT	2024 Second Quarter	10	\$50.00	\$500.00
Total						\$500.00

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS

PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



NORTH CAROLINA
STATE BOARD OF ELECTIONS

STA-C4177N-C-001

Bill to

LYDIA MOORE
7TH CONGRESSIONAL DISTRICT
REPUBLICAN PARTY
1763 WOOD DUCK STREET SW
BOLIVIA, NC 28462

Ship to

LYDIA MOORE
7TH CONGRESSIONAL DISTRICT
REPUBLICAN PARTY
1763 WOOD DUCK STREET SW
BOLIVIA, NC 28462

Invoice details

Invoice no.: 5385
Terms: Net 30
Invoice date: 11/08/2024
Due date: 12/09/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2024 First Quarter Report	1	\$50.00	\$50.00

Total

\$50.00

Statement of Organization - Party Committee

Use this form to create a new or update an existing party committee.

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

Amendment
☒ Yes ☐ No

1. Committee Information	
a. Full Name	c. ID Number
07th Congressional District REC	STA-C4177N-C-001
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
1763 Wood Duck Street SW Supply, NC 28462	2009
	e. Phone Number
	910-712-0754

2. Party Information	
a. Type	b. Party Name
☐ Executive ☐ Affiliated (Caucus) ☒ Subordinate	7th Congressional Republican Party

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name	a. Full Name		
Lydia Moore			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
1763 Wood Duck Street SW Bolivia, NC 28462			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-712-0754	ncgop7treas24@gmail.com		

I prefer to receive notices by email ☒ Yes ☐ No	☐ Email copy of notices

5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name	☐ Add ☐ Remove	a. Financial Institution Full Name	☐ Add ☐ Remove
b. Mailing Address (include City, State, and Zip Code)	b. Purpose		
c. Phone Number	d. Email Address	c. Account Code	d. Type
☐ 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.

Lydia Moore
Printed Name of Signer

Lydia Moore
Signature of Appointed Treasurer

02/07/2024
Date

CRO-2100C

NC State Board of Elections

May 2016

Scanned - 3/12/24

MID-ATLANTIC EMERGENCY MEDICAL ASSOC PAC [STA-A2L]SW-C-001]



NORTH CAROLINA STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
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- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1 Information About You

Maggie Sugrue

Name

501 S. Sharon Amity Road, Suite 300

Address

Charlotte

NC

28211

City

State

Zip Code

msugrue@mema.net

(704) 319-5829

E-Mail Address

Telephone Number

2 Sworn Affidavit

Maggie Sugrue

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Mecklenburg, North Carolina

County and State of Residence

3. I am the:

☐ Authorized Candidate for

☒ Treasurer of

☐ Chair of

☐ Vice-Chair of

☐ Secretary of

Mid-Atlantic Emergency Medical Associates

Name of Committee



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

10/25/2024

Date of Penalty

2023

Report Year

☐

First Quarter Report

☐

Mid-Year Semiannual Report

☐

Second Quarter Report

☒

Year-End Semiannual Report

☐

Third Quarter Report

☐

Fourth Quarter Report

☐

Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

Company switched treasurers from Ian Stevenson to Maggie Sugrue Q3 of 2023. The filing was submitted on time, on 1/15/2024. We were unaware that we needed to make an official statement of organization change addressing the change in treasurer until after the due date had passed on 1/26/24.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

X Maggie Sugrue

Signature of Affiant

11/26/24

Date

State of North Carolina, County of Mecklenburg

Sworn to (or affirmed) and subscribed before me,

This 26 day of November, 2024

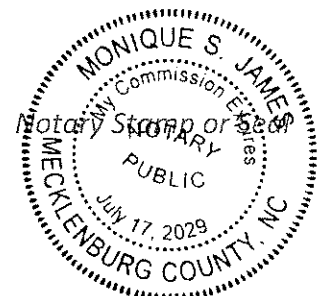
Signature of Notary Public:

Monique S. James

Printed Name of Notary Public:

Monique S. James

My Commission Expires 07/17/2029





INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov

STA-A2LJSW-C-001

Bill to

MAGGIE SUGRUE
MID-ATLANTIC EMERGENCY MEDICAL
ASSOC PAC
501 S. SHARON AMITY STE 300
CHARLOTTE, NC 28211

Ship to

MAGGIE SUGRUE
MID-ATLANTIC EMERGENCY MEDICAL
ASSOC PAC
501 S. SHARON AMITY STE 300
CHARLOTTE, NC 28211

Invoice details

Invoice no.: 5014

Terms: Net 30

Invoice date: 10/25/2024

Due date: 11/25/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - MISSING REPORT	2023 Year End Semi-Annual	10	\$50.00	\$500.00
Total						\$500.00

Statement of Organization - Political Action Committee

Use this form to create a new or update an existing political action committee (PAC).

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

Amendment

☐ Yes

☐ No

1. Committee Information

a. Full Name

MID-ATLANTIC EMERGENCY MEDICAL ASSOCIATES PAC

RECEIVED

FEB 26 2024

NC STATE BOARD OF ELECTIONS

c. ID Number

STA-A2LJSW-C-001

b. Mailing Address (include City, State and Zip Code)

501 S. SHARON AMITY STE 300
CHARLOTTE, NC 28211

d. Date Organized

05/05/2003

e. Phone Number

704-319-5826

2. Political Action Committee Information

a. Category (Check only one)

☐ Banking/Finance

☐ Building/Real Estate

☐ Conservative/Liberal

☐ Environment

☐ Get Out the Vote

☒ Health

☐ Information Technology /
Telecommunications

☐ Insurance

☐ Legal

☐ Manufacturing

☐ Minority

☐ Political Party not part of
Party Plan of Org.

☐ Religious

☐ Trade

☐ Utilities

☐ Other / Not listed

b. Type (Check only one)

☐ Parent Entity

☐ Economic Interest

☐ Political Purpose

c. Definition of Type

3. Connected Organization or Affiliated Committee

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Relationship

d. Member Definition

4. Treasurer Information

a. Full Name

MAGGIE SUGRUE

b. Mailing Address (include City, State, and Zip Code)

501 S. SHARON AMITY STE 300
CHARLOTTE, NC 28211

c. Phone Number

704-319-5829

d. Email Address

MSUGRUE@MEMA.NET

I prefer to receive notices by email ☒ Yes ☐ No

5. Custodian of Books Information

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

☐ Email copy of notices

6. Assistant Treasurer Information

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

☐ Email copy of notices

7. Account Information (incl. CRO-3500)

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Type

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.

Maggie Sugrue
Printed Name of Signer

Maggie Sugrue
Signature of Appointed Treasurer

2/20/24
Date

CRO-2100D

NC State Board of Elections

July 2014

Scanned 02/27/2024 MW

NC RIGHT TO LIFE STATE PAC [STA-C3727N-C-001]



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

MANUEL H. COMAS
Name
P.O. Box 9282
Address
Greensboro, NC. 27429-0282
City
okole #3@gmail.com
State
Zip Code
336-407-4273
E-Mail Address
Telephone Number

2

Sworn Affidavit

Manuel H. Comas being duly sworn, stated:
Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Guilford County, NC
County and State of Residence

3. I am the:

☐ Authorized Candidate for	☒ Treasurer of
☐ Chair of	☐ Vice-Chair of
☐ Secretary of	

North Carolina Right to Life State PAC
STA-C3727-C-001
Name of Committee

Scanned 12-04-2024 MW



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

11.8.2024
Date of Penalty

Q1-2024
Report Year



First Quarter Report



Mid-Year Semiannual Report



Second Quarter Report



Year-End Semiannual Report



Third Quarter Report



Municipal Report



Fourth Quarter Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

See attached letters dated
• 3-7-2024 &
• 11-26-2024

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

x

Wm H. Cross

Signature of Affiant

11-26-2024

Date

State of North Carolina, County of Guilford

Sworn to (or affirmed) and subscribed before me,

This 26 day of November, 20 24

Signature of Notary Public:

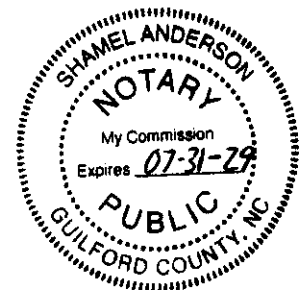
[Signature]

Printed Name of Notary Public:

Shamel Anderson

My Commission Expires 07-31-29

Notary Stamp or Seal



NORTH
CAROLINA
RIGHT TO LIFE



March 7, 2024

NC State Board of Elections
PO Box 27255
Raleigh, NC 27611

To whom it may concern:

North Carolina Right to Life recently changed treasurer for the following entities:

NC RIGHT TO LIFE COMM FUND FOR INDEPENDENT POL EXPENDITURE
STA-95C243-C-001
and
NC RIGHT TO LIFE STATE PAC
STA-c3727N-C-001

Our previous treasurer retired after filing the year end reports. Given the lateness of the appointment of a new treasurer and that we received the email notification of failure to file on March 6, 2024, we responded immediately. Please waive any penalty fees for failure to file on time. Thank you for your consideration.

We are aware of the reporting requirements and will file timely reports in the future.

Sincerely,

A handwritten signature in black ink, appearing to read "William A Pincus", written over a horizontal line.

William A Pincus, President, NCRTL

A handwritten signature in black ink, appearing to read "Manuel H Comas", written over a horizontal line.
Manuel H Comas, Treasurer

NORTH
CAROLINA
RIGHT TO LIFE



November 26, 2024

NC State Board of Elections
P.O. Box 27255
Raleigh, NC 27611

To whom it may concern:

We are in receipt of notification of assessment of penalties, dated 11/8/2024, for failure to timely file the 2024 first quarter report for the following organizations:

- NC RIGHT TO LIFE STATE PAC, STA-C3727-C-001
- NC RIGHT TO LIFE COMM FUND FOR INDEPENDENT EXPENDITURES, STA-95C243-C-001

As detailed in a letter dated 3/7/2024 (attached) submitted to the NC State Board of Elections with the First Quarter filings, the stated organizations were transitioning to a new treasurer after the previous treasurer retired after filing of the 2023 fiscal year end reports.

Given the lateness of the appointment of the new treasurer, the need to acclimate the new treasurer into the accounting and reporting systems, and the training required to meet Federal and NC State Board of Elections requirements, submission of the required reports occurred immediately upon notification from NC State Board of Elections via email on March 6, 2024.

We ask for forgiveness and a waiver of these penalty fees given the transition to our new treasurer.

Sincerely,

William A Pincus, President NCRTL

Manuel H Comas, Treasurer, NCRTL

INVOICE

**NORTH CAROLINA STATE BOARD
OF ELECTIONS**

PO Box 27255

Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov

+1 (919) 814-0700

www.ncsbe.gov



NORTH CAROLINA
STATE BOARD OF ELECTIONS

STA-C3727N-C-001

Bill to

MANUEL H COMAS

NC RIGHT TO LIFE STATE PAC

PO BOX 9282

GREENSBORO, NC 27429-0282

Ship to

MANUEL H COMAS

NC RIGHT TO LIFE STATE PAC

PO BOX 9282

GREENSBORO, NC 27429-0282

Invoice details

Invoice no.: 5553

Terms: Net 30

Invoice date: 11/08/2024

Due date: 12/09/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2024 First Quarter Report	7	\$50.00	\$350.00

Total

\$350.00

Statement of Organization - Political Action Committee

Amendment

☒ Yes ☐ No

Use this form to create a new or update an existing political action committee (PAC).

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

1. Committee Information	
a. Full Name North Carolina Right to Life State PAC	c. ID Number 7950001
b. Mailing Address (include City, State and Zip Code) P.O. Box 9282 Greensboro, NC 27429-0282	d. Date Organized 1989
e. Phone Number 336-274-5433	
2. Political Action Committee Information	
a. Category (Check only one) ☐ Banking/Finance ☐ Building/Real Estate ☐ Conservative/Liberal ☐ Environment ☐ Get Out the Vote ☐ Health ☐ Information Technology / Telecommunications ☐ Insurance ☐ Legal ☐ Manufacturing ☐ Minority ☒ Party Plan of Org. ☐ Religious ☐ Trade ☐ Utilities ☒ Other / Not Listed	b. Connected Organization or Affiliated Committee a. Full Name North Carolina Right to Life Inc. b. Mailing Address (include City, State, and Zip Code) PO Box 9282 Greensboro, NC 27429-0282 c. Phone Number 336-274-3433 d. Relationship Parent organization
b. Type (Check only one) ☐ Parent Entity ☐ Economic Interest ☒ Political Purpose	c. Definition of Type to support/oppose candidates based on their ISSUES d. Member Definition members of North Carolina Right to Life
3. Treasurer Information	
a. Full Name Manuel H. Comas	b. Mailing Address (include City, State, and Zip Code) P.O. Box 9282 Greensboro, NC 27429-0282
c. Phone Number 336-407-4273	d. Email Address okoleB3@gmail.com
I prefer to receive notices by email ☒ Yes ☐ No	
4. Custodian of Books Information	
a. Full Name Manuel H. Comas	b. Mailing Address (include City, State, and Zip Code) P.O. Box 9282 Greensboro, NC 27429-0282
c. Phone Number 336-407-4273	d. Email Address okoleB3@gmail.com
☒ Email copy of notices	
5. Assistant Treasurer Information	
a. Full Name Bill Pincus	b. Mailing Address (include City, State, and Zip Code) P.O. Box 9282 Greensboro, NC 27429-0282
c. Phone Number 336-302-0062	d. Email Address bill.pincus@ncrtl.org
☒ Email copy of notices	
6. Account Information (incl. CRO-3500)	
a. Financial Institution Full Name Acclaim FCU	b. Purpose write checks make deposits
c. Account Code B	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.	
Manuel H. Comas Printed Name of Signer	Manuel H. Comas Signature of Appointed Treasurer
1/25/2024 Date	

CRO-2100D

NC State Board of Elections

July 2014

Scanned 02-01-2024 MW

AVERY RBF [STA-1VO8A1-C-001]



NORTH CAROLINA STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1 Information About You

Loretta Burleson

Name

PO Box 1322

Address

Newland

NC

28657

City

State

Zip Code

laburleson@bellsouth.net

828-387-7356

E-Mail Address

Telephone Number

2 Sworn Affidavit

Loretta Burleson

being duly sworn, stated:

Name

DEC 02 2024 1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Avery County, North Carolina

County and State of Residence

3. I am the:

☐ Authorized Candidate for

☒ Treasurer of

☐ Chair of

☐ Vice-Chair of

☐ Secretary of

Avery County Republican Executive Committee

Scanned 12-04-2024 MW Name of Committee



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on
10/25/2024

Date of Penalty

2024

Report Year



First Quarter Report



Mid-Year Semiannual Report



Second Quarter Report



Year-End Semiannual Report



Third Quarter Report



Fourth Quarter Report



Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

The report was filled out, but the title on the Detailed Summary was not filled out with Building or Scholarship fund in the title. The return has been corrected. Please see the attached Disclosure Report Cover and Detailed Summaries for the Building Fund and the Scholarship Fund. Please consider waiving the penalty for this mistake.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

x

Signature of Affiant

11/26/24

Date

State of North Carolina, County of Avery

Sworn to (or affirmed) and subscribed before me,

This 26 day of November, 2024

Signature of Notary Public:

Angela D Arbogast

Printed Name of Notary Public:

Angela D Arbogast

My Commission Expires 11/13/2027

Notary Stamp or Seal

ANGELA D ARBOGAST
Notary Public - North Carolina
Avery County
My Commission Expires Nov 13, 2027



NORTH CAROLINA
STATE BOARD OF ELECTIONS

INVOICE

**NORTH CAROLINA STATE BOARD
OF ELECTIONS**
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov

STA-1VO8A1-C-001

Bill to

LORETTA BURLESON
AVERY RBF
PO BOX 1322
NEWLAND, NC 28657

Ship to

LORETTA BURLESON
AVERY RBF
PO BOX 1322
NEWLAND, NC 28657

Invoice details

Invoice no.: 5280
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/24/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - MISSING REPORT	2024 First Quarter	10	\$50.00	\$500.00

Total

\$500.00

Statement of Organization - Party Committee

Amendment

☐ Yes ☐ No

Use this form to create a new or update an existing party committee.

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

1. Committee Information	
a. Full Name	c. ID Number
Avery County Rep. Exec. Committee	STA-CL195NC001
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
PO Box 1322 Newland, NC 28657	
	e. Phone Number

RECEIVED

JAN 22 2024

NO STATE BOARD OF ELECTIONS

2. Party Information	
a. Type	b. Party Name
☐ Executive ☐ Affiliated (Caucus) ☐ Subordinate	
3. Treasurer Information	
a. Full Name	a. Full Name
Loretta A Burleson	
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
PO Box 1322 Newland, NC 28657	
c. Phone Number	d. Email Address
328-387-7356	burlesonloretta@gmail.com
I prefer to receive notices by email ☒ Yes ☐ No	
☐ Email copy of notices	
5. Assistant Treasurer Information	
a. Full Name	☐ Add ☐ Remove
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address
☐ Email copy of notices	
6. Account Information (incl. CRO-3500)	
a. Financial Institution Full Name	☐ Add ☐ Remove
b. Purpose	
c. Account Code	d. Type

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.

Loretta A Burleson

Printed Name of Signer

Loretta A Burleson

Signature of Appointed Treasurer

1-11-2024

Date

CRO-2100C

NC State Board of Elections

May 2016

Scanned 01-23-2024 MLW

COMMITTEE TO ELECT ROBIN BURNS (UNION)



NORTH CAROLINA STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1 Information About You

Name Committee to Elect Robert Burns / Robert Burns
Address P.O. Box 935
City Monroe State NC Zip Code 28111
E-Mail Address vote4robert@electrobertburns.com Telephone Number 980-425-2101

2 Sworn Affidavit

Robert Burns being duly sworn, stated:
Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Union County, North Carolina
County and State of Residence

3. I am the:

- ☒ Authorized Candidate for
☐ Chair of
☐ Secretary of

- ☐ Treasurer of
☐ Vice-Chair of

Committee to Elect Robert Burns

Name of Committee



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

12-12-24

Date of Penalty

2024

Report Year

☐

First Quarter Report

☒

Mid-Year Semiannual Report

☐

Second Quarter Report

☐

Year-End Semiannual Report

☐

Third Quarter Report

☐

Municipal Report

☐

Fourth Quarter Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

This was ~~my~~ my first time and didn't realize that if I didn't receive any donations, I still needed to turn in my mid-year. I only thought that was if I was actively campaigning and receiving money.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

X

Signature of Affiant

3-21-25

Date

State of North Carolina, County of Union

Sworn to (or affirmed) and subscribed before me,

This 21 day of March, 2025

Signature of Notary Public:

Sandra L. Coble

Printed Name of Notary Public:

Sandra L. Coble

My Commission Expires July 4, 2029



Sandra L. Coble
NOTARY PUBLIC
Union County
North Carolina
My Commission Expires
July 4, 2029

Notary Stamp or Seal

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



Bill to
Robert Burns
Committee To Elect Robert Burns (Union)
4211 Secrest Shortcut Rd.
Monroe, NC 28110

Ship to
Robert Burns
Committee To Elect Robert Burns (Union)
4211 Secrest Shortcut Rd.
Monroe, NC 28110

Invoice details
Invoice no.: 5739
Terms: Net 30
Invoice date: 12/23/2024
Due date: 01/22/2025

#	Date	Product or service	Description	Qty	Rate	Amount
1.	12/23/2024	Non-statewide - MISSING REPORT	2024 Mid-year semiannual	10	\$50.00	\$500.00
Total						\$500.00

Statement of Organization - Candidate Committee

Is this statement:

☐ New ☒ 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	
COMMITTEE TO ELECT ROBERT BURNS			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO Box 235 MONROE, NC 28111		7/20/2023	
c. Committee Website (Optional)		f. Phone Number	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
ROBERT ANDREW BURNS		REPUBLICAN	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO BOX 235 MONROE, NC 28111		MAYOR	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
980-425-2101	robert.a.burns@electroberburns.com	2025 ^{FB} 2025	CITY OF MONROE
☐ Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
HEATHER SWIFT			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
PO BOX 16 APEX, NC 27502			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
9193069991	candidatetreasurer2024@gmail.com		
Send report notices by email ☒ Yes ☐ No		☐ 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	
HEATHER SWIFT		UNION COUNTY CAMPAIGN FINANCE	
b. Mailing Address (include City, State, and Zip Code)			
PO BOX APEX, NC 27502			
c. Phone Number	d. Email Address	b. Account Code	c. Type
9193069991	candidatetreasurer2024@gmail.com		
☐ Email copy of report notices			

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.

HEATHER SWIFT
Printed Name of Treasurer

Heather Swift
Signature of Appointed Treasurer

3/24/2025
Date

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.

ROBERT BURNS
Printed Name of Candidate

Robert Burns
Signature of Candidate

4-1-25
Date

THE COMMITTEE FOR ENVIRONMENTAL JUSTICE (DURHAM)



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Jason Watson

Name

8022 Bahama Woods Lane

Address

Bahama

NC

27503

City

State

Zip Code

jasonwatson8022@yahoo.com

336-583-8692

E-Mail Address

Telephone Number

2

Sworn Affidavit

Jason Watson

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Durham County, NC

County and State of Residence

3. I am the:

- ☒ Authorized Candidate for
☐ Chair of
☐ Secretary of

- ☐ Treasurer of
☐ Vice-Chair of

The Committee for Environmental Social Justice

Name of Committee



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

11/19/2024

Date of Penalty

2023

Report Year

- ☐ First Quarter Report
☐ Second Quarter Report
☐ Third Quarter Report
☐ Fourth Quarter Report

- ☐ Mid-Year Semiannual Report
☒ Year-End Semiannual Report
☐ Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

I ran for office in 2018 and received my first notice of a late report in January 2024. As part of that process I went to the Durham BOE office and completed all paperwork needed including the 2023 Year End Report and a request to close the committee. A copy of this report stamped by the Durham BOE is attached (signed on 2/13/2024). Emails from the BOE office said to disregard the email if the report had been submitted. I spent \$0 and raised \$0 since 2018 when the committee was created. I submitted a request to close the committee on 01/30/2024.

PREVIOUS REQUEST TO WAIVE CIVIL LATE PENALTIES APPROVED. Durham Co. BOE WORKED WITH ME AND SAID ALL PAPERWORK WAS COMPLETED.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

X

Signature of Affiant

JASON WATSON

Date

11/22/2024

State of North Carolina, County of

Person

Sworn to (or affirmed) and subscribed before me,

This 22nd day of November, 2024

Signature of Notary Public:

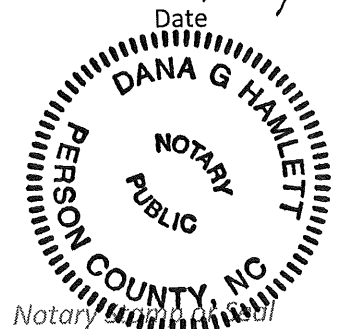
Dana G. Hamlett

Printed Name of Notary Public:

Dana G. Hamlett

My Commission Expires

January 19, 2027



Late Report Notice

From: DCo Campaign Finance: Late Report Notice (via Airtable) (noreply+automations@airtableemail.com)

To: JASONWATSON8022@yahoo.com

Cc: campaignfinance@dconc.gov; JASONWATSON8022@yahoo.com; JASONWATSON8022@yahoo.com

Date: Saturday, March 30, 2024 at 01:22 AM EDT

DO NOT REPLY TO THIS EMAIL

Hello,

This is a courtesy notice that the Board of Elections may not have received the following campaign finance report:

Committee Name: THE COMMITTEE FOR ENVIRONMENTAL SOCIAL JUSTICE

Report Name: 2023 YEAR-END SEMI ANNUAL REPORT

Report Due Date: 2024-01-26

Days Late: 64

If you have already submitted the aforementioned report, please disregard this email.

Thank you,

Durham County Campaign Finance Team

Sent via Automations on  Airtable

[Unsubscribe](#)

©2024 Airtable

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



Bill to

JASON WATSON
THE COMMITTEE FOR ENVIRONMENTAL
SOCIAL JUSTICE (Durham)
8022 BAHAMA WOODS LN
BAHAMA, NC 27503

Ship to

JASON WATSON
THE COMMITTEE FOR ENVIRONMENTAL
SOCIAL JUSTICE (Durham)
8022 BAHAMA WOODS LN
BAHAMA, NC 27503

Invoice details

Invoice no.: 5713
Terms: Net 30
Invoice date: 11/19/2024
Due date: 12/19/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	11/19/2024	Non-statewide - LATE REPORT	2023 Year-end semiannual	10	\$50.00	\$500.00
Total						\$500.00

Submitted in person 2/13/24 (STAMPED BY DURHAM CO BOE) COPY ATTACHED

Statement of Organization - Candidate Committee

Amendment

☐ Yes ☐ No

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	c. ID Number
The Committee for Environmental Social Justice	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
8022 Bohann Woods Ln Bohann NC 27503	
	e. Phone Number

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Jason Watson		
		(Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
8022 Bohann Woods Ln Bohann NC 27503	Durham Soil and Water Conservation District Supervisor	
c. Phone Number	d. Email Address	h. Next Election Year
376-583-8692		
☐ Email copy of notices		i. Jurisdiction

3. Treasurer Information

4. Custodian of Books Information

a. Full Name	a. Full Name
Jason Watson	
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
SAME	
c. Phone Number	d. Email Address
SAME	JASON.WATSON.8022@YAHOO.COM
c. Phone Number	d. Email Address

I prefer to receive notices by email ☒ Yes ☐ No ☐ Email copy of notices

5. Assistant Treasurer Information

☐ Add

☐ Remove

6. Account Information (incl. CRO-3500)

☐ Add

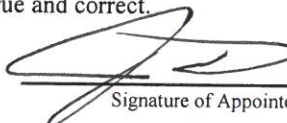
☐ Remove

a. Full Name	a. Financial Institution Full Name
b. Mailing Address (include City, State, and Zip Code)	b. Purpose
c. Phone Number	d. Email Address
c. Account Code	d. Type
☐ 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.

Jason Watson
Printed Name of Signer


Signature of Appointed Treasurer

7-16-18
Date



NORTH CAROLINA STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

Name Loletha B. Ward
Address 143 Ward Rd.
City Windsor, NC State NC Zip Code 27983
E-Mail Address maloward@hotmail.com Telephone Number 252-794-9144

2

Sworn Affidavit

Loletha Ward
Name

being duly sworn, stated:

RECEIVED

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

NOV 25 2024

2. I am a resident of

Bertie County

County and State of Residence

NC STATE BOARD OF ELECTIONS

3. I am the:

- ☐ Authorized Candidate for
☐ Chair of
☐ Secretary of

- ☒ Treasurer of
☐ Vice-Chair of

Bertie Co. Democratic Party

Name of Committee



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

10-25-2024

Date of Penalty

2024

Report Year



First Quarter Report



Mid-Year Semiannual Report



Second Quarter Report



Year-End Semiannual Report



Third Quarter Report



Fourth Quarter Report



Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

I'm so sorry to have to ask for another waiver but I simple forgot.

That's my only excuse.

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

X Laletha B. Ward

Signature of Affiant

11/15/24

Date

State of North Carolina, County of Bertie

Sworn to (or affirmed) and subscribed before me,

This 15 day of November, 2024

Signature of Notary Public:

Regina W Elliott

Printed Name of Notary Public:

Regina W Elliott

My Commission Expires 1/25/2029

REGINA W ELLIOTT
NOTARY PUBLIC
Durham County, North Carolina
My Commission Expires January 25, 2029



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Mailing Address:

P.O. Box 27255,
Raleigh, NC 27611

(919) 814-0700 or
(866) 522-4723

Fax: (919) 715-0135

CERTIFIED MAIL

October 25, 2024

Subject: Notice of Penalty Assessment under N.C.G.S. § 163-278.34(e)

Dear Treasurer,

Records indicate that the political committee or referendum committee named on the attached invoice failed to timely file a report required by Article 22A of Chapter 163 of the North Carolina General Statutes. Pursuant to N.C.G.S. § 163-278.34(a), the political committee shall pay a civil late penalty as follows:

- (1) Two hundred fifty dollars (\$250.00) per day for each day the filing is late for a report that affects statewide elections, not to exceed a total of ten thousand dollars (\$10,000); and
- (2) Fifty dollars (\$50.00) per day for each day the filing is late for a report that affects only non-statewide elections, not to exceed a total of five hundred dollars (\$500.00).

This letter and the attached invoice serve as notice of the assessment under N.C.G.S. § 163-278.34(e). The late report and the amount due are listed on the attached invoice. A copy of this notice will be posted to the State Board's website.

If you have not filed the report listed on the invoice, please do so immediately. Committees with missing reports will be subject to the additional actions described in rule 08 NCAC 21 .0207.

In response to this assessment, the Committee is directed to take at least one of the following actions:

- 1. Pay the assessment within 30 days.**
- 2. Contest the assessment by filing a petition with the Office of Administrative Hearings within 30 days.**
- 3. Request a waiver of the assessment by filing an Affidavit to Request a Waiver of Civil Late Penalties with the State Board within 60 days.**

Instructions for each action can be found in this letter.

1. Pay the assessment within 30 days:

Payment should be made by check payable directly to the State Board of Elections. Please note "NC Civil Penalty & Forfeiture Fund" in the memo line of the check and enclose a copy of the attached invoice. Please mail payment to:

NC State Board of Elections
P.O. Box 27255
Raleigh, NC 27611-7255

If the Committee chooses to contest the assessment or to request a waiver of the assessment, payment may be held until resolution of the case or waiver request.

2. Contest the assessment by filing a petition with the Office of Administrative Hearings within 30 days:

If you wish to contest any statement in the attached invoice, you may file a petition for an administrative hearing with the Office of Administrative Hearings ("OAH"). You must file the petition with OAH within **30 days** of receipt of this notice and pay a \$20 filing fee. Petitions may be received by mail or through the OAH e-filing system.

For further information on filing a contested case, please visit www.oah.nc.gov or contact OAH at:

Office of Administrative Hearings
6714 Mail Service Center
Raleigh, North Carolina 27699-6700

Phone: 984-236-1850
Fax: 984-236-1871
Email: oah.clerks@oah.nc.gov

We strongly recommend that a committee filing a petition at OAH also request a waiver of the penalty from the State Board. Please note that a waiver request *does not* extend the 30-day deadline to file a petition for a contested case at OAH.

3. Request a waiver of the assessment by filing an Affidavit to Request a Waiver of Civil Late Penalties with the State Board within 60 days:

Pursuant to N.C.G.S. § 163-278.34(a), the State Board may waive a late penalty if it determines there is good cause for the waiver. It is within the State Board's discretion to waive an entire penalty, or to reduce a penalty by any amount.

A political committee or referendum committee requesting a waiver of a civil late penalty must complete the Affidavit to Request a Waiver of Civil Late Penalties form and file it with the State Board of Elections. A copy of the form is available online at www.ncsbe.gov/campaign-finance/penalties. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary. Per Rule 08 NCAC 21 .0206, the form must be filed within **60 days** of service of the notice of penalty assessment.

Factors considered by the State Board in determining good cause include but are not limited to:

- a. Whether the late report was the first late report of the committee or the first late report within the last 10 years.
- b. Whether the late report was due prior to or after the election for a candidate.
- c. Whether the late report resulted in any contribution or expenditure not being disclosed to the public.
- d. Whether the late report resulted from a family emergency, severe illness or hospitalization, natural disaster, or similar unforeseen circumstance.
- e. Whether the treasurer or assistant treasurer received insufficient guidance from the State Board office or county board office in attempting to file reports.
- f. Whether documented issues with the U.S. Postal Service or other delivery service inhibited the committee from filing a timely report.

The Affidavit to Request a Waiver of Civil Late Penalties form may be filed by mail or email:

NC State Board of Elections Email: campaign.reporting@ncsbe.gov
P.O. Box 27255
Raleigh, NC 27611-7255

If you choose to file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects.

If you have any questions for the State Board of Elections, please email campaign.reporting@ncsbe.gov or call 919-814-0700.

Sincerely,



Greg Larimore
Campaign Finance Director
North Carolina State Board of Elections

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-C3857N-C-001

Bill to
Loletha Ward
Bertie County Dem Party
143 Ward Rd
Windsor, NC 27983

Ship to
Loletha Ward
Bertie County Dem Party
143 Ward Rd
Windsor, NC 27983

Invoice details

Invoice no.: 5067
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/25/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2023 Year End Semi-Annual	3	\$50.00	\$150.00
Total						\$150.00

Statement of Organization - Party Committee

Use this form to create a new or update an existing party committee.

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

Amendment
☒ Yes ☐ No

a. Full Name	BERTIE COUNTY DEMOCRATIC PARTY	c. ID Number	3021014
b. Mailing Address (include City, State and Zip Code)	P.O. BOX 765 WINDSOR, NC 27983	d. Date Organized	
		e. Phone Number	

a. Type	b. Party Name
☒ Executive ☐ Affiliated (Caucus) ☐ Subordinate	

a. Full Name	b. Full Name
LOLETHA WARD	LOLETHA WARD
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
143 WARD ROAD WINDSOR, NC 27983	143 WARD ROAD WINDSOR, NC 27983
c. Phone Number	d. Email Address
252-794-9144	MALOWARD@HOTMAIL.COM

I prefer to receive notices by email ☐ Yes ☐ No	☐ Email copy of notices

a. Full Name	b. Financial Institution Full Name
	SOUTHERN BANK & TRUST
b. Mailing Address (include City, State, and Zip Code)	b. Purpose
	RECEIPTS & DISBURSEMENTS
c. Phone Number	d. Email Address
e. Account Code	f. 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.

<u>Loletha B. WARD</u> Printed Name of Signer	<u>Loletha B. Ward</u> Signature of Appointed Treasurer	<u>8/1/21</u> Date

SC:KJ 8/5/21



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

RECEIVED
NOV 25 2024
NC STATE BOARD OF ELECTIONS

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

L'Tanya Durante

Name

3309 Oriskony Way

Address

Durham

NC

27703

City

State

Zip Code

lgdurante@gmail.com

919-599-6846

E-Mail Address

Telephone Number

2

Sworn Affidavit

L'Tanya Durante

being duly sworn, stated:

Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Durham, North Carolina

County and State of Residence

3. I am the:

☐ Authorized Candidate for

☒ Treasurer of

☐ Chair of

☐ Vice-Chair of

☐ Secretary of

Committee to Elect Carolyn Thompson

Name of Committee

SC 11-27-24 AL



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

October 25, 2024

2023

Date of Penalty

Report Year

☐

First Quarter Report

☐

Mid-Year Semiannual Report

☐

Second Quarter Report

☒

Year-End Semiannual Report

☐

Third Quarter Report

☐

Fourth Quarter Report

☐

Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

The details are as follows:

**The 2023 year-end report was due no later than 1/26/2024, I submitted the report electronically on 1/9/2024 and received email confirmation of its receipt on 1/10/24.

**The signed cover report was dated 1/9/24 and mailed on 1/11/24. My personal bank statement reflects a charge on 1/11/24 from USPS.

[Continued on attached page]

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

S. Lanya Durante
Signature of Affiant

11/21/24
Date

State of North Carolina, County of Durham

Sworn to (or affirmed) and subscribed before me,

This 21st day of November, 2024

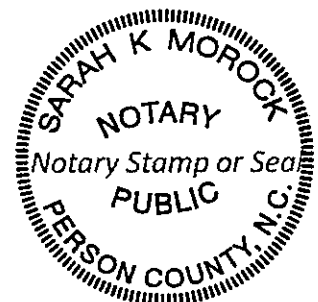
Signature of Notary Public:

Sarah K Morock

Printed Name of Notary Public:

Sarah K Morock

My Commission Expires June 15, 2026



[continued from previous page]

****On 2/05/2024, I received a courtesy email saying NCSBE had not received the signed copy. I replied to the email to let them know that I mailed it in January well before the deadline. In the email, it reads if you know the committee's report was postmarked by the due date, you do not need to resend it. Therefore I did not resend.**

****The 2024 first quarter report was due no later than 2/27/2024. I submitted that report electronically on 2/26/2024 and received email confirmation of its receipt on 2/27/2024.**

****On 2/26/2024, I mailed the first quarter report.**

****On 3/06/2024, I received a courtesy email saying that they had not received the signed copy of that report. I emailed back again to say it had been mailed.**

****Both the year-end and first quarter reports on the NCSBE website show the same certified mail stamp receipt (enclosed), which would incorrectly suggest that both reports were mailed together. In other words, according to the NCSBE records, the year-end report was signed on 1/9/24, yet mailed 6 weeks later along with the first quarter report. That is incorrect.**

I am therefore requesting a waiver of the assessment for a late report for the year-end 2023 for the Committee to Elect Carolyn Thompson.

RECEIVED

Disclosure Report Cover

NOV 25 2024

Amendment
☐ Yes ☒ NoUse this form for general report and ~~NC State Board of Elections~~ 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 Committee to Elect Carolyn Thompson		c. ID Number STA-646007-C-004	
b. Mailing Address (include City, State and Zip Code) PO Box 2255 Oxford, NC 27565-2255		d. Date Filed 01/09/2024	
2. Report Year 2023		3. Period Start Date (mm/dd/yyyy) 09/27/2023	
4. Period End Date (mm/dd/yyyy) 12/31/2023		5. Treasurer Full Name L'Tanya Durante	
6. Type of Report (check only one type of report from one category)			
☒ Candidate Campaign ☐ PAC ☐ Independent Expenditure ☐ Legal Expense Fund		☐ Party ☐ Referendum ☐ Joint Fundraiser ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special	
7. Type of Fund (if applicable, check one)		8. Number of Fundraisers this Report	
☐ "Booster Fund" ☐ Building Fund ☐ Other:		0	
9. Type of Report (check only one type of report from one category)			
☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special		☐ Organizational ☐ Quarterly ☐ First ☐ Second ☐ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☒ Year End ☐ Final ☐ Special	
10. Special Report Name			
11. Account Information			
a. Financial Institution Full Name Fidelity Bank			
b. Purpose Campaign contributions and expenditures		c. Account Code 001	
d. Period Begin Balance \$ 0.00			
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 undisclosed 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.			
<i>L'Tanya Durante</i> Printed Name of Signer		<i>L'Tanya Durante</i> Signature of Appointed Treasurer	
		1/9/24 Date	
FOR OFFICE USE ONLY			
Date Received:	2/29/2024	Employee:	JWS
Date Postmarked:	2/26/2024	Employee:	JWS
Date Scanned:	3/6/24	Employee:	Ar
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.			

RECEIVED

NOV 25 2024

NC STATE BOARD OF ELECTIONS

Amendment
☐ Yes ☒ No

Disclosure Report Cover

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 Committee to Elect Carolyn Thompson			c. ID Number STA-646007-C-004	
b. Mailing Address (Include City, State and Zip Code) PO Box 2255 Oxford, NC 27565-2255			d. Date Filed 02/26/2024	
e. Phone Number				
2. Report Year 2024	3. Period Start Date (mm/dd/yyyy) 01/01/2024	4. Period End Date (mm/dd/yyyy) 02/17/2024	5. Treasurer Full Name LTanya Durante	
6. Type of Committee (Check one)		9. Type of Report (check only one type of report from one category)		
☒ Candidate Campaign ☐ PAC ☐ Independent Expenditure ☐ Legal Expense Fund ☐ Party ☐ Referendum ☐ Joint Fundraiser		Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special State/County ☐ Organizational ☐ Quarterly ☒ First ☐ Second ☐ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special Referendum ☐ Organizational ☐ Pre-referendum ☐ Final ☐ Supplemental Final ☐ Annual ☐ Special		
7. Type of Fund (if applicable check one)		10. Special Report Name		
☐ "Booster Fund" ☐ Building Fund ☐ Other:				
8. Number of Fundraisers this Report 2				

11. Account Information	
a. Financial Institution Full Name Fidelity Bank	
b. Purpose Campaign contributions and expenditures	c. Account Code 001
	d. Period Begin Balance \$ 3,970.44

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 undisclosed 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.

LTanya Durante Printed Name of Signer Ltanya Durante Signature of Appointed Treasurer 2/26/24 Date

FOR OFFICE USE ONLY		Delivery Method
Date Received: <u>2/29/2024</u>	Employee: <u>JWS</u>	☐ Normal Mail
Date Postmarked: <u>2/26/2024</u>	Employee: <u>JWS</u>	☒ Registered Mail
Date Scanned: <u>3/6/24</u>	Employee: <u>AR</u>	☐ 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.



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Mailing Address:

P.O. Box 27255,
Raleigh, NC 27611

(919) 814-0700 or
(866) 522-4723

Fax: (919) 715-0135

CERTIFIED MAIL

October 25, 2024

Subject: Notice of Penalty Assessment under N.C.G.S. § 163-278.34(e)

Dear Treasurer,

Records indicate that the political committee or referendum committee named on the attached invoice failed to timely file a report required by Article 22A of Chapter 163 of the North Carolina General Statutes. Pursuant to N.C.G.S. § 163-278.34(a), the political committee shall pay a civil late penalty as follows:

- (1) Two hundred fifty dollars (\$250.00) per day for each day the filing is late for a report that affects statewide elections, not to exceed a total of ten thousand dollars (\$10,000); and
- (2) Fifty dollars (\$50.00) per day for each day the filing is late for a report that affects only non-statewide elections, not to exceed a total of five hundred dollars (\$500.00).

This letter and the attached invoice serve as notice of the assessment under N.C.G.S. § 163-278.34(e). The late report and the amount due are listed on the attached invoice. A copy of this notice will be posted to the State Board's website.

If you have not filed the report listed on the invoice, please do so immediately. Committees with missing reports will be subject to the additional actions described in rule 08 NCAC 21 .0207.

In response to this assessment, the Committee is directed to take at least one of the following actions:

- 1. Pay the assessment within 30 days.**
- 2. Contest the assessment by filing a petition with the Office of Administrative Hearings within 30 days.**
- 3. Request a waiver of the assessment by filing an Affidavit to Request a Waiver of Civil Late Penalties with the State Board within 60 days.**

Instructions for each action can be found in this letter.

1. Pay the assessment within 30 days:

Payment should be made by check payable directly to the State Board of Elections. Please note "NC Civil Penalty & Forfeiture Fund" in the memo line of the check and enclose a copy of the attached invoice. Please mail payment to:

NC State Board of Elections
P.O. Box 27255
Raleigh, NC 27611-7255

If the Committee chooses to contest the assessment or to request a waiver of the assessment, payment may be held until resolution of the case or waiver request.

2. Contest the assessment by filing a petition with the Office of Administrative Hearings within 30 days:

If you wish to contest any statement in the attached invoice, you may file a petition for an administrative hearing with the Office of Administrative Hearings ("OAH"). You must file the petition with OAH within **30 days** of receipt of this notice and pay a \$20 filing fee. Petitions may be received by mail or through the OAH e-filing system.

For further information on filing a contested case, please visit www.oah.nc.gov or contact OAH at:

Office of Administrative Hearings	Phone: 984-236-1850
6714 Mail Service Center	Fax: 984-236-1871
Raleigh, North Carolina 27699-6700	Email: oah.clerks@oah.nc.gov

We strongly recommend that a committee filing a petition at OAH also request a waiver of the penalty from the State Board. Please note that a waiver request *does not* extend the 30-day deadline to file a petition for a contested case at OAH.

3. Request a waiver of the assessment by filing an Affidavit to Request a Waiver of Civil Late Penalties with the State Board within 60 days:

Pursuant to N.C.G.S. § 163-278.34(a), the State Board may waive a late penalty if it determines there is good cause for the waiver. It is within the State Board's discretion to waive an entire penalty, or to reduce a penalty by any amount.

A political committee or referendum committee requesting a waiver of a civil late penalty must complete the Affidavit to Request a Waiver of Civil Late Penalties form and file it with the State Board of Elections. A copy of the form is available online at www.ncsbe.gov/campaign-finance/penalties. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary. Per Rule 08 NCAC 21 .0206, the form must be filed within **60 days** of service of the notice of penalty assessment.

Factors considered by the State Board in determining good cause include but are not limited to:

- a. Whether the late report was the first late report of the committee or the first late report within the last 10 years.
- b. Whether the late report was due prior to or after the election for a candidate.
- c. Whether the late report resulted in any contribution or expenditure not being disclosed to the public.
- d. Whether the late report resulted from a family emergency, severe illness or hospitalization, natural disaster, or similar unforeseen circumstance.
- e. Whether the treasurer or assistant treasurer received insufficient guidance from the State Board office or county board office in attempting to file reports.
- f. Whether documented issues with the U.S. Postal Service or other delivery service inhibited the committee from filing a timely report.

The Affidavit to Request a Waiver of Civil Late Penalties form may be filed by mail or email:

NC State Board of Elections Email: campaign.reporting@ncsbe.gov
P.O. Box 27255
Raleigh, NC 27611-7255

If you choose to file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects.

If you have any questions for the State Board of Elections, please email campaign.reporting@ncsbe.gov or call 919-814-0700.

Sincerely,



Greg Larimore
Campaign Finance Director
North Carolina State Board of Elections

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-646007-C-004

Bill to
L'TANYA DURANTE
COMMITTEE TO ELECT CAROLYN
THOMPSON
3309 ORISKONY WAY
DURHAM, NC 27703

Ship to
L'TANYA DURANTE
COMMITTEE TO ELECT CAROLYN
THOMPSON
3309 ORISKONY WAY
DURHAM, NC 27703

Invoice details

Invoice no.: 5110
Terms: Net 30
Invoice date: 10/25/2024
Due date: 11/24/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Statewide - LATE REPORT	2023 Year End Semi-Annual	21	\$250.00	\$5,250.00

Total \$5,250.00

Statement of Organization - Candidate Committee

Is this statement:

☐ New ☒ 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		d. ID Number	
a. Name of Committee Committee to Elect Carolyn Thompson		STA-646007-C-003	
b. Mailing Address (include City, State and Zip Code) P.O. Box 2255, Oxford, NC 27565		e. Date Organized 01/04/2022	
c. Committee Website (Optional) NC STATE BOARD OF ELECTIONS		f. Phone Number	
2. Candidate Information			
a. Full Name Carolyn Jennings Thompson		e. Party Affiliation Democrat	
b. Mailing Address (include City, State, and Zip Code) P.O. Box 2255 Oxford, NC 27565		f. Office Sought NC Court of Appeals-Seat #8	
c. Phone Number 919-452-2157	d. Email Address cjthompsonlaw@gmail.com	g. Next Election Year 2022	h. Jurisdiction
☐ Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Carolyn Jennings Thompson		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) P.O. Box 2255 Oxford, NC 27565		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number 919-452-2157	d. Email Address cjthompsonlaw@gmail.com	c. Phone Number	d. Email Address
Send report notices by email ☒ Yes ☐ No		☐ 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	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
☐ Email copy of report notices			
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. Carolyn Jennings Thompson Printed Name of Treasurer  Signature of Appointed Treasurer 12/30/2024 Date 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. Carolyn Jennings Thompson Printed Name of Candidate  Signature of Candidate 12/30/2024 Date			

CRO-2100A

NC State Board of Elections

November 2019

Rec'd 1/13/25 HB

Scanned 1-15-25 @BS



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 1 OF 2

Mailing Address
P.O. Box 27255
Raleigh, NC 27611-7255

Phone
(919) 814-0700 or
(866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. If you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- For more information, please review 08 NCAC 21 .0206 or visit the State Board of Election's website at www.ncsbe.gov.

1

Information About You

MANUEL H. COMAS
Name
P.O. Box 9282
Address
Greensboro, NC. 27429-0282
City State Zip Code
okole03@gmail.com 336-407-4273
E-Mail Address Telephone Number

2

Sworn Affidavit

Manuel H. Comas being duly sworn, stated:
Name

1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herein.

2. I am a resident of Guilford County, NC
County and State of Residence

3. I am the:

☐ Authorized Candidate for	☒ Treasurer of
☐ Chair of	☐ Vice-Chair of
☐ Secretary of	

North Carolina Right to Life State PAC
STA-C3727-C-001
Name of Committee

Scanned 12-04-2024 MW



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AFFIDAVIT TO
REQUEST A WAIVER OF
CIVIL LATE PENALTIES
PAGE 2 OF 2

2

Sworn Affidavit
(Continued)

4. The committee was assessed a penalty by the North Carolina State Board of Elections on

11-8-2024
Date of Penalty

Q1-2024
Report Year

☒ First Quarter Report

☐ Mid-Year Semiannual Report

☐ Second Quarter Report

☐ Year-End Semiannual Report

☐ Third Quarter Report

☐ Fourth Quarter Report

☐ Municipal Report

5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.

6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.

See attached letters dated
• 3-7-2024 &
• 11-26-2024

7. The facts and circumstances described in this affidavit are true and accurate to the best of my knowledge.

3

Signature &
Jurat

x Wm H. Cross

Signature of Affiant

11-26-2024

Date

State of North Carolina, County of Guilford

Sworn to (or affirmed) and subscribed before me,

This 26 day of November, 20 24

Signature of Notary Public:

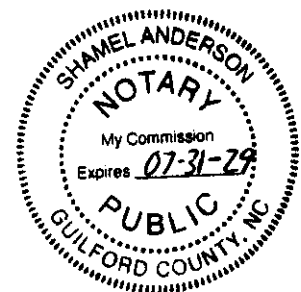
[Signature]

Printed Name of Notary Public:

Shamel Anderson

My Commission Expires 07-31-29

Notary Stamp or Seal



NORTH
CAROLINA
RIGHT TO LIFE



March 7, 2024

NC State Board of Elections
PO Box 27255
Raleigh, NC 27611

To whom it may concern:

North Carolina Right to Life recently changed treasurer for the following entities:

NC RIGHT TO LIFE COMM FUND FOR INDEPENDENT POL EXPENDITURE
STA-95C243-C-001
and
NC RIGHT TO LIFE STATE PAC
STA-c3727N-C-001

Our previous treasurer retired after filing the year end reports. Given the lateness of the appointment of a new treasurer and that we received the email notification of failure to file on March 6, 2024, we responded immediately. Please waive any penalty fees for failure to file on time. Thank you for your consideration.

We are aware of the reporting requirements and will file timely reports in the future.

Sincerely,

A handwritten signature in black ink, appearing to read "William A Pincus", written over a horizontal line.

William A Pincus, President, NCRTL

A handwritten signature in black ink, appearing to read "Manuel H Comas", written over a horizontal line.
Manuel H Comas, Treasurer

NORTH
CAROLINA
RIGHT TO LIFE



November 26, 2024

NC State Board of Elections
P.O. Box 27255
Raleigh, NC 27611

To whom it may concern:

We are in receipt of notification of assessment of penalties, dated 11/8/2024, for failure to timely file the 2024 first quarter report for the following organizations:

- NC RIGHT TO LIFE STATE PAC, STA-C3727-C-001
- NC RIGHT TO LIFE COMM FUND FOR INDEPENDENT EXPENDITURES, STA-95C243-C-001

As detailed in a letter dated 3/7/2024 (attached) submitted to the NC State Board of Elections with the First Quarter filings, the stated organizations were transitioning to a new treasurer after the previous treasurer retired after filing of the 2023 fiscal year end reports.

Given the lateness of the appointment of the new treasurer, the need to acclimate the new treasurer into the accounting and reporting systems, and the training required to meet Federal and NC State Board of Elections requirements, submission of the required reports occurred immediately upon notification from NC State Board of Elections via email on March 6, 2024.

We ask for forgiveness and a waiver of these penalty fees given the transition to our new treasurer.

Sincerely,

William A Pincus, President NCRTL

Manuel H Comas, Treasurer, NCRTL

INVOICE

**NORTH CAROLINA STATE BOARD
OF ELECTIONS**

PO Box 27255

Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov

+1 (919) 814-0700

www.ncsbe.gov



NORTH CAROLINA
STATE BOARD OF ELECTIONS

STA-C3727N-C-001

Bill to

MANUEL H COMAS

NC RIGHT TO LIFE STATE PAC

PO BOX 9282

GREENSBORO, NC 27429-0282

Ship to

MANUEL H COMAS

NC RIGHT TO LIFE STATE PAC

PO BOX 9282

GREENSBORO, NC 27429-0282

Invoice details

Invoice no.: 5553

Terms: Net 30

Invoice date: 11/08/2024

Due date: 12/09/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2024 First Quarter Report	7	\$50.00	\$350.00

Total

\$350.00



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Mailing Address:

P.O. Box 27255,
Raleigh, NC 27611

(919) 814-0700 or
(866) 522-4723

Fax: (919) 715-0135

CERTIFIED MAIL

October 25, 2024

Subject: Notice of Penalty Assessment under N.C.G.S. § 163-278.34(e)

Dear Treasurer,

Records indicate that the political committee or referendum committee named on the attached invoice failed to timely file a report required by Article 22A of Chapter 163 of the North Carolina General Statutes. Pursuant to N.C.G.S. § 163-278.34(a), the political committee shall pay a civil late penalty as follows:

- (1) Two hundred fifty dollars (\$250.00) per day for each day the filing is late for a report that affects statewide elections, not to exceed a total of ten thousand dollars (\$10,000); and
- (2) Fifty dollars (\$50.00) per day for each day the filing is late for a report that affects only non-statewide elections, not to exceed a total of five hundred dollars (\$500.00).

This letter and the attached invoice serve as notice of the assessment under N.C.G.S. § 163-278.34(e). The late report and the amount due are listed on the attached invoice. A copy of this notice will be posted to the State Board's website.

If you have not filed the report listed on the invoice, please do so immediately. Committees with missing reports will be subject to the additional actions described in rule 08 NCAC 21 .0207.

In response to this assessment, the Committee is directed to take at least one of the following actions:

- 1. Pay the assessment within 30 days.**
- 2. Contest the assessment by filing a petition with the Office of Administrative Hearings within 30 days.**
- 3. Request a waiver of the assessment by filing an Affidavit to Request a Waiver of Civil Late Penalties with the State Board within 60 days.**

Instructions for each action can be found in this letter.

1. Pay the assessment within 30 days:

Payment should be made by check payable directly to the State Board of Elections. Please note "NC Civil Penalty & Forfeiture Fund" in the memo line of the check and enclose a copy of the attached invoice. Please mail payment to:

NC State Board of Elections
P.O. Box 27255
Raleigh, NC 27611-7255

If the Committee chooses to contest the assessment or to request a waiver of the assessment, payment may be held until resolution of the case or waiver request.

2. Contest the assessment by filing a petition with the Office of Administrative Hearings within 30 days:

If you wish to contest any statement in the attached invoice, you may file a petition for an administrative hearing with the Office of Administrative Hearings ("OAH"). You must file the petition with OAH within **30 days** of receipt of this notice and pay a \$20 filing fee. Petitions may be received by mail or through the OAH e-filing system.

For further information on filing a contested case, please visit www.oah.nc.gov or contact OAH at:

Office of Administrative Hearings	Phone: 984-236-1850
6714 Mail Service Center	Fax: 984-236-1871
Raleigh, North Carolina 27699-6700	Email: oah.clerks@oah.nc.gov

We strongly recommend that a committee filing a petition at OAH also request a waiver of the penalty from the State Board. Please note that a waiver request *does not* extend the 30-day deadline to file a petition for a contested case at OAH.

3. Request a waiver of the assessment by filing an Affidavit to Request a Waiver of Civil Late Penalties with the State Board within 60 days:

Pursuant to N.C.G.S. § 163-278.34(a), the State Board may waive a late penalty if it determines there is good cause for the waiver. It is within the State Board's discretion to waive an entire penalty, or to reduce a penalty by any amount.

A political committee or referendum committee requesting a waiver of a civil late penalty must complete the Affidavit to Request a Waiver of Civil Late Penalties form and file it with the State Board of Elections. A copy of the form is available online at www.ncsbe.gov/campaign-finance/penalties. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary. Per Rule 08 NCAC 21 .0206, the form must be filed within **60 days** of service of the notice of penalty assessment.

Factors considered by the State Board in determining good cause include but are not limited to:

- a. Whether the late report was the first late report of the committee or the first late report within the last 10 years.
- b. Whether the late report was due prior to or after the election for a candidate.
- c. Whether the late report resulted in any contribution or expenditure not being disclosed to the public.
- d. Whether the late report resulted from a family emergency, severe illness or hospitalization, natural disaster, or similar unforeseen circumstance.
- e. Whether the treasurer or assistant treasurer received insufficient guidance from the State Board office or county board office in attempting to file reports.
- f. Whether documented issues with the U.S. Postal Service or other delivery service inhibited the committee from filing a timely report.

The Affidavit to Request a Waiver of Civil Late Penalties form may be filed by mail or email:

NC State Board of Elections Email: campaign.reporting@ncsbe.gov
P.O. Box 27255
Raleigh, NC 27611-7255

If you choose to file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects.

If you have any questions for the State Board of Elections, please email campaign.reporting@ncsbe.gov or call 919-814-0700.

Sincerely,



Greg Larimore
Campaign Finance Director
North Carolina State Board of Elections

INVOICE

NORTH CAROLINA STATE BOARD
OF ELECTIONS
PO Box 27255
Raleigh, NC 27611-7255

campaign.reporting@ncsbe.gov
+1 (919) 814-0700
www.ncsbe.gov



STA-C3727N-C-001

Bill to
MANUEL H COMAS
NC RIGHT TO LIFE STATE PAC
PO BOX 9282
GREENSBORO, NC 27429-0282

Ship to
MANUEL H COMAS
NC RIGHT TO LIFE STATE PAC
PO BOX 9282
GREENSBORO, NC 27429-0282

Invoice details

Invoice no.: 5553
Terms: Net 30
Invoice date: 11/08/2024
Due date: 12/09/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.	10/25/2024	Non-statewide - LATE REPORT	2024 First Quarter Report	7	\$50.00	\$350.00
Total						\$350.00

Statement of Organization - Political Action Committee

Amendment

☒ Yes ☐ No

Use this form to create a new or update an existing political action committee (PAC).

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

1. Committee Information	
a. Full Name North Carolina Right to Life State PAC	c. ID Number 7950001
b. Mailing Address (include City, State and Zip Code) P.O. Box 9282 Greensboro, NC 27429-0282	d. Date Organized 1989
e. Phone Number 336-274-5433	
2. Political Action Committee Information	
a. Category (Check only one) ☐ Banking/Finance ☐ Building/Real Estate ☐ Conservative/Liberal ☐ Environment ☐ Get Out the Vote ☐ Health ☐ Information Technology / Telecommunications ☐ Insurance ☐ Legal ☐ Manufacturing ☐ Minority ☒ Party Plan of Org. ☐ Religious ☐ Trade ☐ Utilities ☒ Other / Not Listed	b. Connected Organization or Affiliated Committee a. Full Name North Carolina Right to Life Inc. b. Mailing Address (include City, State, and Zip Code) PO Box 9282 Greensboro, NC 27429-0282 c. Phone Number 336-274-3433 d. Relationship Parent organization
b. Type (Check only one) ☐ Parent Entity ☐ Economic Interest ☒ Political Purpose	c. Definition of Type to support/oppose candidates based on their ISSUES d. Member Definition members of North Carolina Right to Life
4. Treasurer Information	
a. Full Name Manuel H. Comas	a. Full Name Manuel H. Comas
b. Mailing Address (include City, State, and Zip Code) P.O. Box 9282 Greensboro, NC 27429-0282	b. Mailing Address (include City, State, and Zip Code) P.O. Box 9282 Greensboro, NC 27429-0282
c. Phone Number 336-407-4273	d. Email Address okoleB3@gmail.com
I prefer to receive notices by email ☒ Yes ☐ No	
5. Custodian of Books Information	
a. Full Name Manuel H. Comas	a. Full Name Manuel H. Comas
b. Mailing Address (include City, State, and Zip Code) P.O. Box 9282 Greensboro, NC 27429-0282	b. Mailing Address (include City, State, and Zip Code) P.O. Box 9282 Greensboro, NC 27429-0282
c. Phone Number 336-407-4273	d. Email Address okoleB3@gmail.com
☒ Email copy of notices	
6. Assistant Treasurer Information	
a. Full Name Bill Pincus	a. Full Name Acclaim FCU
b. Mailing Address (include City, State, and Zip Code) P.O. Box 9282 Greensboro, NC 27429-0282	b. Purpose write checks make deposits
c. Phone Number 336-302-0062	d. Email Address bill.pincus@ncrtl.org
☒ Email copy of notices	
7. Account Information (incl. CRO-3500)	
a. Financial Institution Full Name Acclaim FCU	a. Financial Institution Full Name Acclaim FCU
b. Purpose write checks make deposits	b. Purpose write checks make deposits
c. Account Code B	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.	
Manuel H. Comas Printed Name of Signer	Manuel H. Comas Signature of Appointed Treasurer
	1/25/2024 Date

CRO-2100D

NC State Board of Elections

July 2014

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