

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.

a. Name of Committee	d. ID Number
Committee to Elect Camilla Loftin Commissioner	KKLQV8
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
602 N Church St. Mt. Olive NC 28365	7/15/2025
c. Committee Website (Optional)	f. Phone Number

a. Full Name	e. Party Affiliation
Camilla Rochelle Loftin	NP
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
602 N Church St. Mount Olive NC	Commissioner 4
c. Phone Number	d. Email Address
9194403752	
<input type="checkbox"/> Email copy of report notices	g. Next Election Year
	2025
	h. Jurisdiction
	Mount Olive

a. Full Name	a. Full Name
Camilla Rochelle Loftin	Board of Elections
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
602 N Church St. Mount Olive NC	JUL 21 2025
c. Phone Number	d. Email Address
9194403752	
<input type="checkbox"/> Email copy of report notices	<input type="checkbox"/> Email copy of report notices
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No	

a. Full Name	a. Financial Institution Full Name
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of report notices	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.

Camilla Loftin Printed Name of Treasurer
Camilla Loftin Signature of Appointed Treasurer
July 21 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.

Camilla Loftin Printed Name of Candidate
Camilla Loftin Signature of Candidate
July 21 2025 Date



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

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

FILED BY:

Committee Name:

Committee to Elect Camilla R. Loftin Commissioner

Treasurer Name:

Camilla R. Loftin

Treasurer Address:

602 W Church St

(include city, state, & zip)

Mt. Olive NC 28365

Treasurer Phone:

919-440-3752

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

☐ I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

7-18-2025
Date Signed

Camilla R. Loftin
Signature