

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 James A. Carlton	PK10112
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
1108 South Church St. Mt. Olive NC	7/28/2025
c. Committee Website (Optional)	f. Phone Number
	28345

2. Candidate Information

a. Full Name	e. Party Affiliation	
James A. Carlton	NP	
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought	
1108 S. Church St. Mt. Olive NC	Town Commissioner of Mayo Co	
c. Phone Number	g. Next Election Year	h. Jurisdiction
252-347-6009	2025	Mt. Olive Wayne Co
<input type="checkbox"/> Email copy of report notices	4. Assistant Treasurer Information	

3. Treasurer Information

a. Full Name	a. Full Name		
James A. Carlton	James A. Carlton		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)		
1108 S. Church St. Mt. Olive NC	1108 S. Church St. Mt. Olive NC 28345		
c. Phone Number	d. Email Address	e. Phone Number	f. Email Address
252-347-6009	jauthayon/hs@gmail.com		
<input type="checkbox"/> Send report notices by email		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Email copy of report notices		<input type="checkbox"/> Email copy of report notices	

5. Custodian of Banks Information (Keeper of Records)

a. Full Name	a. Financial Institution Full Name	
Wayne County Board of Elections	United Bank	
b. Mailing Address (include City, State, and Zip Code)	b. Account Code	c. Type
JUL 28 2025	213 N. Chestnut St. Mt. Olive NC 28345	Business
c. Phone Number	d. Email Address	
	Received	
<input type="checkbox"/> Email copy of report notices	BY	

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.

James A. Carlton

Printed Name of Treasurer

James A. Carlton

Signature of Appointed Treasurer

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.

James A. Carlton

Printed Name of Candidate

James A. Carlton

Signature of Candidate

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 James Carlton

Treasurer Name:

James Carlton

Treasurer Address:

1108 S. Church St.

(include city, state, & zip)

Mt. Olive, NC. 28365

Treasurer Phone:

252-347-6009

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.

7/28/2025

Date Signed

James Carlton

Signature



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

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

Candidate Name: James Anthony Carlton

Committee Name: Committee to Elect James Carlton

Treasurer Name: James A. Carlton

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

Committee ID #: 7KIM12

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

I, _____, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
<u>ADLA INC</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: James A. Carlton

Date: 7/28/2025