

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 Robin A. Radford		d. ID Number HK1923	
b. Mailing Address (include City, State and Zip Code) 3840 Nahunta Road, Pikeville, NC 27863		e. Date Organized 12/14/2021	
c. Committee Website (Optional)		f. Phone Number 919-738-7803	
2. Candidate Information			
a. Full Name Robin Aycock Radford		e. Party Affiliation Democratic	
b. Mailing Address (include City, State, and Zip Code) 3840 Nahunta Road, Pikeville, NC		f. Office Sought Wayne County Clerk of Court	
c. Phone Number 919-738-7803	d. Email Address radford4@embargmail.com	g. Next Election Year 2022	h. Jurisdiction Wayne
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Christen R. Wilson		a. Full Name N/A	
b. Mailing Address (include City, State, and Zip Code) 113 Ralph Dr. Pikeville, NC 27863		b. Mailing Address (include City, State and Zip Code) [RECEIVED DEC 16 2021]	
c. Phone Number 919-738-4181	d. Email Address cjradsford14@gmail.com	c. Phone Number	d. Email Address
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name Robin A. Radford		a. Financial Institution Full Name Southern Bank	
b. Mailing Address (include City, State, and Zip Code) 3840 Nahunta Rd., Pikeville, NC 27863		b. Account Code SB 5650	
c. Phone Number 919-738-7803	d. Email Address radford4@embargmail.com	c. Type checking	
<input checked="" type="checkbox"/> Email copy of report notices			
<p>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.</p> <p> <u>Christen R. Wilson</u> <u>Christen R. Wilson</u> <u>12/16/2021</u> Printed Name of Treasurer Signature of Appointed Treasurer Date </p> <p> 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. </p> <p> <u>Robin A. Radford</u> <u>Robin A. Radford</u> <u>12-16-2021</u> Printed Name of Candidate Signature of Candidate Date </p>			



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: Robin Aycock Radford

Committee Name: Committee to Elect Robin A. Radford

Treasurer Name: Christen R. Wilson

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

Committee ID #: HK1923

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

I, Robin A. Radford, 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).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Mt. Carmel UMC</u> <u>PO Box 10, Pikeville, NC 27863</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: Robin A. Radford

Date: 12/16/2021

Nicholas Sullivan

From: Nicholas Sullivan
Sent: Friday, December 17, 2021 8:54 AM
To: 'radford4@embarqmail.com'
Subject: Missing Campaign Finance Document

Ms. Radford,

You did not return a CRO-3600 Certification of Threshold in your campaign documents filed yesterday. This form is required and is due by Monday, December 20th at 5pm. The form can be found at the link below.

<https://www.ncsbe.gov/campaign-finance/reporting-forms/certifications>

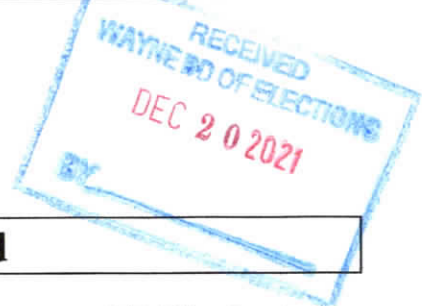
Thanks,

Nicholas G. Sullivan | Deputy Director
Wayne County Board of Elections
309 E. Chestnut Street
Goldsboro, NC 27530
919.731.1410 office | 919.731.1409 fax

**E-mail correspondence to/from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties.*



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 Robin A. Radford

Treasurer Name: Christen R. Wilson

Treasurer Address: 113 Ralph Drive

(include city, state, & zip) Pikeville, NC 27863

Treasurer Phone: 919-738-4181

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.

12/17/2021
Date Signed

Christen R Wilson
Signature

Nicholas Sullivan

From: Nicholas Sullivan
Sent: Monday, December 20, 2021 1:55 PM
To: 'radford4@embarqmail.com'
Subject: Certification of Threshold

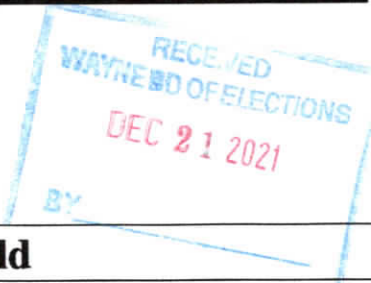
Ms. Radford,

The CRO-3600 you returned today indicates your committee intends to stay under the \$1,000.00 threshold. However, your filing fee alone was over \$1,000.00. You'll need to submit another CRO-3600 with the correct box checked. The forms, reporting schedules, and other campaign finance resources are available on the state board's website: <https://www.ncsbe.gov/campaign-finance>

Thanks,

Nicholas G. Sullivan | Deputy Director
Wayne County Board of Elections
309 E. Chestnut Street
Goldsboro, NC 27530
919.731.1410 office | 919.731.1409 fax

**E-mail correspondence to/from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties.*



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 Robin A. Radford

Treasurer Name: Christen R. Wilson

Treasurer Address: 113 Ralph Drive

(include city, state, & zip) Aikenille, NC 27803

Treasurer Phone: 919-738-4181

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.

12/20/2021
Date Signed

Christen R. Wilson
Signature

Disclosure Report Cover

Amendment

☐ Yes☐ No

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	c. ID Number
COMMITTEE TO ELECT ROBIN A. RADFORD	HB1923
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
3840 NAHUNTA ROAD PIKEVILLE, NC 27863	01/28/2022
	e. Phone Number
	919-738-7803

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2021	12/06/2021	12/31/2021	CHRISTEN R. WILSON

6. Type of Committee (Check One)	9. Type of Report (check only one type of report from one category)
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure <input type="checkbox"/> Legal Expense Fund	Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special
<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)	10. Special Report Name
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:	
8. Number of Fundraisers this Report	
0	

11. Account Information	11. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
SOUTHERN BANK	
b. Purpose	b. Purpose
CAMPAIGN	
c. Account Code	c. Account Code
SB5650	
d. Period Begin Balance	d. Period Begin Balance
\$ 0	\$

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 and that I have been trained by the NC State Board of Elections.

CHRISTEN R. WILSON

Printed Name of Signer

Christen Wilson

Signature of Appointed Treasurer

01/28/2022

Date

FOR OFFICE USE ONLY

Date Received:	_____	Employee:	_____
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
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.

Detailed Summary

Amendment

☐ Yes ☐ No

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
COMMITTEE TO ELECT ROBIN A. RADFORD		YEAR-END SEMI-ANNUAL		HK1923	
Start of Election Cycle:		January 1,		2021	
		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$ 0	
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0		\$ 0	
6) Contributions from Individuals (CRO-1210)		\$ 1208.00		\$ 1208.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0		\$ 0	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0		\$ 0	
9) Loan Proceeds (CRO-1410)		\$ 1000.00		\$ 1000.00	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 0		\$ 0	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0		\$ 0	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ 0		\$ 0	
11c) Outside Sources of Income (CRO-1250)		\$ 0		\$ 0	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$ 0		\$ 0	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$ 0		\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 2208.00		\$ 2208.00	
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 1208.00		\$ 1208.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0		\$ 0	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0		\$ 0	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0		\$ 0	
15) Loan Repayments (CRO-1420)		\$ 0		\$ 0	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1208.00		\$ 1208.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1000.00		\$ 1000.00	
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$ 0			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$ 0			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0			
25) Administrative Support (CRO-1710)		\$ 0		\$ 0	
26) Forgiven Loans (CRO-1440)		\$ 0		\$ 0	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0		\$ 0	
28) Contributions to be Refunded (CRO-1215)		\$ 0		\$ 0	

Loan Proceeds

Pg ____ of ____ Amendment ☐ Yes ☐ No

Use this form to report proceeds from a loan and loan endorser's information
A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT ROBIN A. RADFORD				2. ID Number HK1923	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> ROBIN A. RADFORD 3840 NAHUNTA ROAD PIKEVILLE, NC 27863		b. Job Title/Profession WAYNE COUNTY CLERK OF COURT		d. Comments 	
		c. Employer's Name/Specific Field STATE OF NORTH CAROLINA		e. Start Date (mm/dd/yyyy) 	
				12/06/2021	
				f. End Date (mm/dd/yyyy) 	
g. Rate 0 %	h. Security Pledged 	i. Account Code SNB5650	j. Form of Payment CHECK	k. Amount \$ 1000.00	
l. Full Name of Lending Institution 				m. Loan Number 	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> 		b. Job Title/Profession 		c. Employer's Name/Specific Field 	
				d. Percentage 	
				% \$	
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> 		b. Job Title/Profession 		c. Employer's Name/Specific Field 	
				d. Percentage 	
				% \$	
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> 		b. Job Title/Profession 		c. Employer's Name/Specific Field 	
				d. Percentage 	
				% \$	
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> 		b. Job Title/Profession 		c. Employer's Name/Specific Field 	
				d. Percentage 	
				% \$	
5. Total of ALL CRO-1410 Pages				\$ 1000.00	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					

Disbursements

Pg ____ of ____ Amendment ☐ Yes ☐ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT ROBIN A. RADFORD					HK1923	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ROBIN A. RADFORD 3840 NAHUNTA ROAD PIKEVILLE, NC 27863			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 1208.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	CHECK	O	12/06/2021	\$1208.00	FILING FEE	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					\$ 1208.00	
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 1208.00	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

- Name of committee to receive loan: Committee to Elect Robin A. Radford
- Person or committee to make loan: Robin A. Radford
- Date of loan to committee: 12/15/2021
- Name of lending institution (source):
Robin A. Radford
- Amount of loan: \$1,000.00
- Description (if in-kind loan): _____
- Names of all parties responsible for payment of loan (guarantors):
Robin A. Radford
- Period of loan: 1 year
- Rate of interest of loan: 0%
- Security pledged for loan: n/a

I, Robin A. Radford, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan
that has an outstanding balance to any source.

Robin A. Radford

Signature of Lender

1-28-2022

Date Signed

Christen K. Wilson

Signature of Treasurer of Committee

1-28-2022

Date Signed

Nicholas Sullivan

From: Nicholas Sullivan
Sent: Wednesday, February 2, 2022 11:02 AM
To: 'radford4@embarqmail.com'
Subject: Audit Completed: Committee to Elect Robin A. Radford

Good morning,

Your Organizational Report audit has been completed. The following discrepancies were noted and require amendment:

- Your report type should be Organizational, not Year End. Please refer to the reporting schedule for this election cycle at: <https://www.ncsbe.gov/campaign-finance/reporting-schedules>;
- Your report indicates Contributions from individuals in the amount of \$1208.00 but there is no corresponding CRO-1210 included with the report;
- Your CRO-1310 requires an account code in Box F;
- Your CRO-1410 requires Boxes F, H & L to be completed.

Please amend your report and resubmit to our office. As a reminder, our office is responsible for auditing all campaign finance reports so we may not assist you with completing your reports. It is required that all Treasurers complete the Campaign Finance training, but it is also highly recommended that all candidates complete it as they are ultimately responsible for their own candidate committees.

Nicholas G. Sullivan | Deputy Director
Wayne County Board of Elections
309 E. Chestnut Street
Goldsboro, NC 27530
919.731.1410 office | 919.731.1409 fax

**E-mail correspondence to/from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties.*

Disclosure Report Cover

Amendment

☒ Yes ☐ No

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	c. ID Number
COMMITTEE TO ELECT ROBIN RADFORD	HK1923
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
3840 NAHUNTA ROAD PIKEVILLE, NC 27863	02/05/2022
	e. Phone Number
	(919) 738-7803

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2021	12/06/2021	12/31/2021	CHRISTEN R WILSON

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
8. Number of Fundraisers this Report		10. Special Report Name	
0			

3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
SOUTHERN BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN - TO RECEIVE INCOME AND PAY EXPENSES	SB5405		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 0		\$

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 and that I have been trained by the NC State Board

Christen R Wilson Christen R Wilson 02/05/2022
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> 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.

Detailed Summary

Amendment
☒ Yes ☐ No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
COMMITTEE TO ELECT ROBIN RADFORD		2021 Organizational		HK 1923	
Start of Election Cycle: January 1, 2021			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 0.00		\$ 0.00
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00		\$ 0.00	
6) Contributions from Individuals (CRO-1210)		\$ 1,208.00		\$ 1,208.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)		\$ 1,000.00		\$ 1,000.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 2,208.00		\$ 2,208.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0.00		\$ 0.00	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 1,208.00		\$ 1,208.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,208.00		\$ 1,208.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,000.00		\$ 1,000.00	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 1,000.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 0.00	

Contributions from Individuals

Pg 1 of 1

Amendment

☒ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT ROBIN RADFORD				HK1923	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
ROBIN RADFORD 3840 NAHUNTA ROAD PIKEVILLE, NC 27863		CLERK OF COURT			
		c. Employer's Name/Specific Field			
		State of NC		e. Election Sum to Date	
				\$ 1,208.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	SB5405	In-Kind	FILING FEE	12/06/2021	\$ 1,208.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 1,208.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,208.00

CRO-1210

NC State Board of Elections

April 2007

In-Kind Contributions

Pg 1 of 1

Amendment

☒ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT ROBIN RADFORD		HK1923	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
ROBIN RADFORD 3840 NAHUNTA ROAD PIKEVILLE, NC 27863		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 1,208.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FILING FEE		12/06/2021	\$ 1,208.00
			\$
			\$
4. Total only this Page			\$ 1,208.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 1,208.00

CRO-1510

NC State Board of Elections

December 2007

Outstanding Loans

Pg 1 of 1

Amendment

☒ Yes ☐ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT ROBIN RADFORD		HK1923	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
ROBIN RADFORD 3840 NAHUNTA ROAD PIKEVILLE, NC 27863		CLERK OF COURT	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		State of NC	12/06/2021
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %	None	\$ 1,000.00	\$ 1,000.00
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 1,000.00
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1430)			\$ 1,000.00

CRO-1430

NC State Board of Elections

December 2007

Loan Proceeds

Pg 1 of 1

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Name: COMMITTEE TO ELECT ROBIN RADFORD				2. ID Number: HK1923	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
ROBIN RADFORD 3840 NAHUNTA ROAD PIKEVILLE, NC 27863		CLERK OF COURT			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		State of NC		12/06/2021	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
0 %	None	SB5405	Check	\$ 1,000.00	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers (The people who guarantee the loan)					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
5. Total of ALL CRO-1410 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)				\$ 1,000.00	

CRO-1410

NC State Board of Elections

April 2007

Nicholas Sullivan

From: Nicholas Sullivan
Sent: Wednesday, February 9, 2022 2:52 PM
To: 'radford4@embarqmail.com'
Subject: Audit Completed: Committee to Elect Robin A. Radford

Good afternoon,

Your amended Organizational Report audit has been completed. The following discrepancies were noted and require amendment:

- Your CRO-1410 requires Boxes F & L to be completed.

Nicholas G. Sullivan | Deputy Director
Wayne County Board of Elections
309 E. Chestnut Street
Goldsboro, NC 27530
919.731.1411 office | 919.731.1409 fax

**E-mail correspondence to/from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties.*

Loan Proceeds

Pg 1 of 1

Amendment

☒ Yes ☐ No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT ROBIN RADFORD				HK1923	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
ROBIN RADFORD 3840 NAHUNTA ROAD PIKEVILLE, NC 27863		CLERK OF COURT			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		State of NC		12/06/2021	
				f. End Date (mm/dd/yyyy)	
				n/a	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment		k. Amount
0 %	None	SB5405	Check		\$ 1,000.00
l. Full Name of Lending Institution					m. Loan Number
Robin A. Radford					
4. Endorsers/Makers (The people who guarantee the loan.)					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)					\$ 1,000.00

CRO-1410

NC State Board of Elections

April 2007

BY _____
FEB 11 2022
RECEIVED
WCBOE

Nicholas Sullivan

From: Nicholas Sullivan
Sent: Wednesday, February 16, 2022 1:46 PM
To: 'radford4@embarqmail.com'
Subject: Audit Completed: Committee to Elect Robin Radford

Good Afternoon,

The Audit of the Committee to Elect Robin Radford's amended organizational report has been completed and no discrepancies were found.

Thanks,

Nicholas G. Sullivan | Deputy Director
Wayne County Board of Elections
309 E. Chestnut Street
Goldsboro, NC 27530
919.731.1410 office | 919.731.1409 fax

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