

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 Tina Arnder Register of Deeds 9K186R			
b. Mailing Address (include City, State and Zip Code)	e. Date Organized		
102 Racoona Pl, Pikeville NC 27863 12-7-23			
c. Committee Website (Optional)	f. Phone Number		
- 919-252-2288			
2. Candidate Information			
a. Full Name	e. Party Affiliation		
Tina Arnder	RECEIVED WCBOE		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
102 Racoona Pl Pikeville, NC 27863	DEC 14 2023 Register of Deeds		
c. Phone Number	d. Email Address	g. Next Election Year	
919-252-2288	Tinahailey23@gmail.com	h. Jurisdiction	
2024 Wayne Co			
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information			
a. Full Name	4. Assistant Treasurer Information		
Tina Arnder	a. Full Name		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)		
102 Racoona Pl Pikeville, NC 27863	2141 NC 111 N Goldsboro, NC 27534		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-252-2288	Tinahailey23@gmail.com	919-738-5139	lmooring28@gmail.com
<input checked="" type="checkbox"/> Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Email copy of report notices			
5. Custodian of Books Information (Keeper of Records)			
a. Full Name	6. Account Information (incl. CRO-3500)		
Lois Mooring	a. Financial Institution Full Name		
b. Mailing Address (include City, State, and Zip Code)	Southern Bank		
2141 NC 111 N Goldsboro, NC 27534	101 N. Wilson St Fremont, NC 27830		
c. Phone Number	d. Email Address	b. Account Code	c. Type
919-738-5139	lmooring28@gmail.com	1	Campaign Acct - checking
<input checked="" type="checkbox"/> 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.

Tina Arnder

Printed Name of Treasurer

Tina Arnder

Signature of Appointed Treasurer

12-14-23

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.

Tina Arnder

Printed Name of Candidate

Tina Arnder

Signature of Candidate

12-14-23

Date



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:

Tina Arnder

Committee Name:

Committee to Elect Tina Arnder

Register of Deeds

Treasurer Name:

Tina Arnder

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

Lois Mooring

Committee ID #:

9K186R

Level Registered:

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

I, Tina Arnder, 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. Marilyn Marie Broughton

100%

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:

Tina Arnder

Date:

12-14-03