

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 Tina Arnder Register of Deeds</u>	d. ID Number <u>9K186R</u>
b. Mailing Address (include City, State and Zip Code) <u>102 Racoon Pl, Pikeville NC 27863</u>	e. Date Organized <u>12-7-23</u>
c. Committee Website (Optional) <u>—</u>	f. Phone Number <u>919-252-2288</u>

2. Candidate Information	
a. Full Name <u>Tina Arnder</u>	e. Party Affiliation <u>Republican</u>
b. Mailing Address (include City, State, and Zip Code) <u>102 Racoon Pl Pikeville, NC 27863</u>	f. Office Sought <u>Register of Deeds</u>
c. Phone Number <u>919-252-2288</u>	g. Next Election Year <u>2024</u>
d. Email Address <u>Tinahailey23@gmail.com</u>	h. Jurisdiction <u>Wayne Co</u>
<input type="checkbox"/> Email copy of report notices	

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name <u>Tina Arnder</u>	a. Full Name <u>Lois Mooring</u>	b. Mailing Address (include City, State and Zip Code) <u>2141 NC 111 N Goldsboro, NC 27534</u>	b. Mailing Address (include City, State and Zip Code) <u>2141 NC 111 N Goldsboro, NC 27534</u>
c. Phone Number <u>919-252-2288</u>	d. Email Address <u>TinaHailey23@gmail.com</u>	c. Phone Number <u>919-738-5139</u>	d. Email Address <u>lmooring28@gmail.com</u>
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)		6. Account Information (incl. CRO-3500)	
a. Full Name <u>Lois Mooring</u>	a. Financial Institution Full Name <u>Southern Bank</u>	b. Account Code <u>1</u>	c. Type <u>Campaign acct-checking</u>
b. Mailing Address (include City, State, and Zip Code) <u>2141 NC 111 N Goldsboro, NC 27534</u>	b. Mailing Address (include City, State, and Zip Code) <u>101 N. Wilson St Fremont, NC 27830</u>		
c. Phone Number <u>919-738-5139</u>	d. Email Address <u>lmooring28@gmail.com</u>		
<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. <u>Marilyn Marie Broughton</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: Tina Arnder

Date: 12-14-03