

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 RACoon PL. PIKEVILLE NC 27863	12/07/2023
c. Committee Website (Optional)	f. Phone Number
	919-252-2288

2. Candidate Information

a. Full Name	e. Party Affiliation	RECEIVED WCBOE JAN 18 2024 BY	
TINA ARNDER	REPUBLICAN		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
102 RACoon PL. PIKEVILLE, NC 27863	REGISTER OF DEEDS		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919-252-2288	tinahailey23@gmail.com	2024	WAYNE CO
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information

a. Full Name
MALORIE C. TARANGO
b. Mailing Address (include City, State, and Zip Code)
PO BOX 10553 GOLDSBORO, NC 27532
c. Phone Number
919-735-6300
d. Email Address
malorie@groupbgc.com

4. Assistant Treasurer Information

a. Full Name
TINA ARNDER
b. Mailing Address (include City, State and Zip Code)
102 RACoon PL. PIKEVILLE, NC 27863
c. Phone Number
919-252-2288
d. Email Address
tinahailey23@gmail.com

Send report notices by email ☒ Yes ☐ No

☒ Email copy of report notices

5. Custodian of Books Information (Keeper of Records)

a. Full Name	
LOIS MOORING	
b. Mailing Address (include City, State, and Zip Code)	
2141 NC 111 N GOLDSBORO, NC 27534	
c. Phone Number	
919-738-5139	
d. Email Address	
lmooring28@gmail.com	
<input type="checkbox"/> Email copy of report notices	

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name
SOUTHERN BANK
b. Account Code
1
c. Type
CAMPAIGN ACCT-CHECKING

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.

MALORIE TARANGO

Printed Name of Treasurer

Malorie Tarango
Signature of Appointed Treasurer

1/17/2024

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

1/17/2024

Date