



FEB 27 2014

North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification to Return to Active Status

This Certification is used by Candidate, Party, PACs and Referendum Committees which have previously filed the Certification of Inactive Status and now wish to return to an active status.

FILED BY:

Committee Name: Campaign to Elect Enola Lineberger
Treasurer Name: Enola Lineberger
Treasurer Address: 26 Royal County Down
Pinehurst NC 28374

Treasurer Phone: 910.690.8585

I certify that the above named candidate/political committee, which has been of **inactive status** and exempt from filing disclosure reports, intends to accept contributions and/or make expenditures. This intention of activity alters the status of the above named candidate/political committee to **active status** and requires such committee to begin filing disclosure on the appropriate schedule. All contributions received and/or expenditures made that have not been previously reported will be disclosed on the next scheduled report and all subsequent reports will be filed as scheduled. An amended Statement of Organization (CRO-2100 A-G) must accompany this form.

2/27/2014
Date Signed

Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

FEB 27 2014

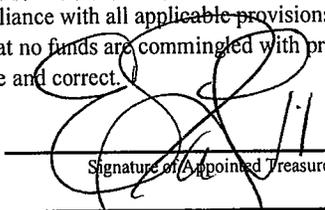
MOORE COUNTY POLICE DEPT

Statement of Organization - Candidate Committee

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

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information			
a. Full Name		c. ID Number	
Campaign to Elect Enola Lineberger		30-0468M	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
26 Royal County Down Pinehurst, NC 28374		2/29/2008	
		e. Phone Number	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Enola Garland Lineberger			Nonpartisan <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
26 Royal County Down Pinehurst NC 28374		Moore County Board of Education	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
910.690.8585	enolalineberger@gmail.com		
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Enola Garland Lineberger		same	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
26 Royal County Down Pinehurst NC 28374			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910.690.8585	enolalineberger@gmail.com		
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		6. Account Information <small>(incl. CRO-3500)</small> <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
		BBT	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		organizational	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		I	checking
<input type="checkbox"/> Email copy of notices			
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.			
Enola Lineberger <small>Printed Name of Signer</small>		 <small>Signature of Appointed Treasurer</small>	2/27/2014 <small>Date</small>



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Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: Enola G. Lineberger
Treasurer Name: Enola G. Lineberger
Treasurer Address: 26 Royal County Down
(include city, state, & zip) Pinehurst, NC 28374

Treasurer Phone: 910.690.8585

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

2/27/2014
Date Signed

Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



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Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

FILED BY:

Committee Name: Campaign to Elect Enola Lineberger
Treasurer Name: Enola Lineberger
Treasurer Address: 26 Royal County Down
(include city, state, & zip) Pinehurst NC 28374
Treasurer Phone: 910.690.8585

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. **Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on reports.** If an account number is used as the "account code," confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
checking	BB&T	PO Box 1149 Pinehurst NC 28374	[REDACTED]	I

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided

2/27/2014
Date Signed

[Signature]
Signature of Candidate or Treasurer

For Candidate Committees Only

- In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

By signing this statement, I authorize agents of the State Board of Elections to inspect applicable accounts.

Date Signed

Signature of Candidate or Treasurer

FEB 27 2014

Amendment
 Yes No

Disclosure Report Cover

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 Campaign to Elect Enola Lineberger		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 26 Royal County Down Pinehurst NC 28374		d. Date Filed	
		e. Phone Number 910.690.8585	
2. Report Year 2014	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy) 2/27/2014	5. Treasurer Print Name [Signature]
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	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Thirty-five day	Quarterly
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
7. Type of Fund (if applicable check one)		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Mid Year	Semi-annual
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
8. Number of Fundraisers this Report		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
10. Special Report Name			
11. Account Information		11. Account Information	
a. Financial Institution Full Name BBET		a. Financial Institution Full Name	
b. Purpose General Operations	c. Account Code I	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 252.94		d. Period Begin Balance \$
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.			
Enola Lineberger		[Signature]	
Printed Name of Signer		Signature of Appointed Treasurer	
		2/27/2014	
		Date	
FOR OFFICE USE ONLY			
Date Received:	2-27-14	Employee:	GMC
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
		Delivery Method	
		<input type="checkbox"/> Normal Mail	
		<input type="checkbox"/> Registered Mail	
		<input checked="" 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	
Campaign to Elect Enola Lineberger		organizational	
Start of Election Cycle: January 1, 2014	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 252.94	\$	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$ 47.00	\$	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 47.00	\$	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$	\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$ 47.00	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 47.00	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 252.94	\$	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	\$	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$	\$	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$	\$	
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	

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	
Campaign to Elect Enola Lineberger							
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	
Enola Lineberger 26 Royal County Down Pinehurst NC 28374				RN			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Pinehurst Surgical Clinic		\$ 47.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>			filing fee	2/20/2014		\$ 47.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
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	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
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	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 47.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 47.00	

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	
Campaign to Elect Enola Lineberger			
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	c. Comments
Enola Lineberger 26 Royal County Down Pinehurst NC 28374		<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date \$ 47.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
filing fee		2/20/2014	\$ 47.00
			\$
			\$
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	c. Comments
		<input 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	
			d. Election Sum to Date \$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
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	c. Comments
		<input 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	
			d. Election Sum to Date \$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page			\$ 47.00
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 47.00