

JAN 27 2014

**Statement of Organization - Candidate Committee**

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).

Amendment  
 Yes  No

1. Committee Information	
a. Full Name <b>THE OSCAR ROMINE ELECTION COMMITTEE</b>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <b>525 SHAW RD CAMERON, NC 28326</b>	d. Date Organized <b>17 JAN 2014</b>
	e. Phone Number <b>9103220631</b>

2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee
a. Full Name <b>OSCAR CARL ROMINE</b>	e. Candidate ID Number	f. Party Affiliation <b>REPUBLICAN</b> <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) <b>525 SHAW RD CAMERON, NC 28326</b>	g. Office Sought <b>County Commissioner</b>	
c. Phone Number <b>9103220631</b>	d. Email Address <b>OSCAR.ROMINE@YAHOO</b>	h. Next Election Year <b>2014</b>
<input checked="" type="checkbox"/> Email copy of notices		i. Jurisdiction

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name <b>MELANIE THOMAS</b>	a. Full Name		
b. Mailing Address (include City, State, and Zip Code) <b>72 HALFORD ALLEN LN. CAMERON, NC 28326</b>	b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number <b>9197206493</b>	d. Email Address <b>mt120570@gmail.com</b>	c. Phone Number	d. Email Address

I prefer to receive notices by email  Yes  No  Email copy of notices

5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name <b>FIRST BANK</b>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		b. Purpose <b>CHECKING</b>	
c. Phone Number	d. Email Address	c. Account Code <b>TORC</b>	d. Type <b>CHECKING</b>

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.

Melanie Thomas Printed Name of Signer      Melanie Thomas Signature of Appointed Treasurer      1/27/14 Date



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

RECEIVED  
JAN 27 2014  
MOORE FOR

Kim Westbrook Strach  
Executive Director

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

**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: Oscar Romine  
Treasurer Name: Melanie Thomas  
Treasurer Address: 72 Halford Allen Ln.  
(include city, state, & zip) Cameron, NC 28326  
  
Treasurer Phone: 919-770-6493

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).

1/27/14  
Date Signed

Signature of Candidate

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