

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

1. Committee Information	
a. Full Name	c. ID Number
Carol R. Haney for Southern Pines Town Council	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
105 West Illinois Avenue Southern Pines, NC 28387	7/7/2017
	e. Phone Number
	910/692-6114

2. Candidate Information			
a. Full Name	e. Candidate ID Number	f. Party Affiliation	
Carol Revere Haney		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought		
113 Pettingill Place Southern Pines, NC 28387	Southern Pines Town Council		
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
910/315-5013	carolhaney13@gmail.com	2017	Southern Pines
<input checked="" type="checkbox"/> Email copy of notices			

3. Treasurer Information		4. Custodian of Bond Information	
a. Full Name		a. Full Name	
Shane Ray English		Cathy Coats Harpster	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
P. O. Box 133 Hoffman, NC 28347		105 Magnolia Avenue Pinehurst, NC 28374-8867	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910/639-5709	english007@carolina.rr.com	910/690-1101	ccharpster@gmail.com
I prefer to receive my notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Email copy of notices	

5. Assistant Treasurer Information		6. Account Information	
a. Full Name		a. Financial Institution Full Name	
Cathy Coats Harpster		First Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
105 Magnolia Avenue Pinehurst, NC 28374-8867		election account	
c. Phone Number	d. Email Address	c. Account Code	d. Type
910/690-1101	ccharpster@gmail.com	DDA	Checking Account
<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.

 Shane Ray English
 Printed Name of Signer

 Signature of Appointed Treasurer

 7-16-2017
 Date



RECEIVED

JUL 13 2017

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

Kim Westbrook Strach
Executive Director

MOORE BOE
Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173

Certification of Treasurer

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

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Candidate Name: Carol R Haney

Treasurer Name: Shane English

Treasurer Address: P.O. Box 133
(include city, state, & zip) HOFFMAN NC 28347

Treasurer Phone: 910-639-5709

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).

7/10/2017
Date Signed

Carol R Haney
Signature of Candidate

Disclosure Report Cover

Amendment
 Yes No

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

I. Committee Information	
a. Full Name Carol R. Haney for Southern Pines Town Council	c. ID Number RECEIVED
b. Mailing Address (Include City, State and Zip Code) 105 West Illinois Avenue Southern Pines, NC 28387	d. Date Filed JUL 17 2017 7-17-17
	e. Phone Number 910/692-6114

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2017	07/07/2017	07/10/2017	Shane Ray English

C. Type of Committee		D. Type of Report		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Other:		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

E. Account Information		F. Account Information	
a. Financial Institution Full Name First Bank	b. Purpose Election Account	a. Financial Institution Full Name	b. Purpose
c. Account Code DDA	d. Period Begin Balance \$ -0-	c. Account Code	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.

Carol R Haney Printed Name of Signer Carol R Haney Signature of Appointed Treasurer 7-17-17 Date

FOR OFFICE USE ONLY

Date Received: 7-17-17 Employee: [Signature]

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method:
 Normal Mail
 Registered Mail
 Hand-Delivered
 Electronically Filed
 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

Use this form to summarize all disclosure reporting forms and to total monetary information.

Amendment
 Yes No

Committee Full Name (and fund name, if applicable)	Type of Report	DANVILLE	
Carol R. Haney for Southern Pines Town Council	Organizational		
Start of Election Cycle:	January 1,	2016	
		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ -0-	\$
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 255.00	\$
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)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 255.00	\$
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)	\$ 5.00	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 5.00	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 250.00	\$
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

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 Ballot Book and Other Applicable		2. ID Number			
Carol R. Haney for Southern Pines Town Council					
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Carol R. Haney 113 Pettingill Place Southern Pines, NC 28387 910/315-5013		Broker			
		c. Employer's Name/Specific Field			
		Real Estate		e. Election Sum to Date	
		\$ 5.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Cash	Filing Fee	07/07/2017	\$ 5.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Gloria M. Revere 11 Village Green Circle Southern Pines, NC 28387 910-692-7553		Homemaker			
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
		\$ 250.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	DAA	Check		07/10/2017	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information					
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					\$ 255.00
5. Total of ALL CRO-1210 Pages					\$ 255.00

In-Kind Contributions

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.

Committee Name and Fund (if applicable)		2. ID Number
Carol R. Haney for Southern Pines Town Council		
3. Contributor Information		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Carol R. Haney 113 Pettingill Place Southern Pines, NC 28387	<input checked="" 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
Filing Fee	07/07/2017	\$ 5.00
		\$
		\$
3. Contributor Information		
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		
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 on this Page		\$ 5.00
5. Total on ALL CRO-1215 Pages (this line must be an integer if Designated Summar Page CRO-1215)		\$ 5.00