

Amendment  
 Yes  No

# 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)

1. Committee Information			
a. Full Name The Committee To Elect Ronnie Fields Sheriff		c. ID Number	
b. Mailing Address (include City, State and Zip Code) P.O. Box 1331 Carthage, N.C. 28327		d. Date Organized 4/7/2017	e. Phone Number 910-947-1801
2. Candidate Information		Candidate's Primary Committee	
a. Full Name Ronald Alan Fields ( Ronnie )		c. Candidate ID Number	f. Party Affiliation Republican
b. Mailing Address (include City, State, and Zip Code) P.O. Box 1331 Carthage, N.C. 28327		g. Office Sought Sheriff	
c. Phone Number 910-690-0645	d. Email Address ronnie.fields5@gmail.com	h. Next Election Year 2018	i. Jurisdiction County
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Tammy J. Mooney		a. Full Name Tammy J. Mooney	
b. Mailing Address (include City, State, and Zip Code) PO Box 125 Carthage, N.C. 28327		b. Mailing Address (include City, State, and Zip Code) PO Box 125 Carthage, N.C. 28327	
c. Phone Number 910-585-0069	d. Email Address tammyjo70@gmail.com	c. Phone Number 910-585-0069	d. Email Address tammyjo70@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 (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose <i>Operating Account</i>	
c. Phone Number	d. Email Address	c. Account Code /	d. Type <i>Checking</i>
<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.			
<i>Tammy J. Mooney</i> Printed Name of Signer		<i>Tammy J. Mooney</i> Signature of Appointed Treasurer	
		4-7-17 Date	



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

**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: Ronald A. Fields  
 Treasurer Name: Tammy J. Mooney  
 Treasurer Address: PO Box 125  
 (include city, state, & zip) Carthage, NC 28327  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 910-585-0069

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).

4-7-17  
 Date Signed

Ronald A. Fields  
 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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APR 07 2017

MOORE BOE

Kim Westbrook Strach  
Executive Director

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PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173

**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: RONALD ALAN FIELDS (RONNIE)

Committee Name: THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF

Treasurer Name: TAMMY J. MOONEY

If Candidate is own treasurer, designate an agent to carry out designations: \_\_\_\_\_

Committee ID #: \_\_\_\_\_

Level Registered: [State] [County] If county, specify: COUNTY

I, RONALD A. FIELDS, hereby direct that in the event of my death or incapacity all 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 <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>Moore County Republican Party</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: Ronald Alan Fields

Date: 4-7-17

**Disclosure Report Cover**

APR 07 2017

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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.

<b>1. Committee Information</b>	
a. Full Name <i>THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF</i>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>P.O. Box 1331 CARTHAGE, N.C. 28327</i>	d. Date Filed
	e. Phone Number <i>910-690-0645</i>

2. Report Year <i>2017</i>	3. Period Start Date (mm/dd/yy) <i>4-7-17</i>	4. Period End Date (mm/dd/yy) <i>4-7-17</i>	5. Treasurer Full Name <i>TAMMY J. MOONEY</i>
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	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"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	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	
<b>7. Type of Fund (if applicable check one)</b>		<b>10. Special Report Name</b>		
<input type="checkbox"/> Booster Fund				
<input type="checkbox"/> Building Fund				
<input checked="" type="checkbox"/> Other:				
<b>8. Number of Fundraisers this Report</b>				

<b>10. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name <i>Surel Bank</i>	a. Financial Institution Full Name	b. Purpose <i>Operating Acct.</i>	b. Purpose
c. Account Code <i>1</i>	c. Account Code	d. Period Begin Balance <i>\$ 0</i>	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.

*Tammy J. Mooney* Printed Name of Signer      *Tammy J. Mooney* Signature of Appointed Treasurer      *04-07-2017* Date

**FOR OFFICE USE ONLY**

Date Received: <i>4/7/17</i>	Employee: <i>[Signature]</i>	Delivery Method
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee: _____	<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**

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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	
Committee To Elect Ronnie Fields Sheriff Organizational					
Start of Election Cycle: January 1, <del>2014</del> 2015		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$		\$	
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)		\$ - 0 -		\$	
<b>EXPENDITURES</b>					
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)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ - 0 -		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ - 0 -		\$	
<b>ADDITIONAL INFORMATION</b>					
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)		\$		\$	