

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 | | c. ID Number | |
| Committee to Elect Sammy McNeill | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Organized | |
| 2851 NC 705 Hwy Robbins, NC 27325 | | 2/20/18 | |
| | | e. Phone Number | |
| | | 910-964-5030 | |
| 2. Candidate Information <input checked="" type="checkbox"/> Candidate's Primary Committee | | | |
| a. Full Name | | e. Candidate ID Number | f. Party Affiliation |
| Sammy Dale McNeill | | | Republican (Indicate Non-partisan if applicable) |
| b. Mailing Address (include City, State, and Zip Code) | | g. Office Sought | |
| 2851 NC 705 Hwy. Robbins, NC 27325 | | Moore County Board of Education District III | |
| c. Phone Number | d. Email Address | h. Next Election Year | i. Jurisdiction |
| 910-464-5030 | hh youthmissions@gmail.com | 2018 | |
| <input type="checkbox"/> Email copy of notices | | | |
| 3. Treasurer Information | | 4. Custodian of Books Information | |
| a. Full Name | | a. Full Name | |
| James Allen Mashburn | | James Allen Mashburn | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Mailing Address (include City, State, and Zip Code) | |
| 124 Simlin Street Robbins, NC 27325 | | 124 Simlin Street Robbins, NC 27325 | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Address |
| 910-215-7371 | allen.mashburn@icloud.com | 910-215-7371 | allen.mashburn@icloud.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 | | 6. Account Information (req. CRO-3500) | |
| a. Full Name | | a. Financial Institution Full Name | |
| RECEIVED | | First Bank | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Purpose | |
| MAR 01 2018 | | General operating acct. | |
| c. Phone Number | d. Email Address | e. Account Code | d. Type |
| | | A | Checking Acct. |
| <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. | | | |
| James Allen Mashburn | | James Allen Mashburn | 2-28-18 |
| Printed Name of Signer | | Signature of Appointed Treasurer | Date |



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

RECEIVED

MAR 01 2018

Certification of Treasurer

MOORE BOE

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:

Sammy D. McNeill

Treasurer Name:

J. Allen Mashburn

Treasurer Address:

124 Simlin Street

(include city, state, & zip)

Robbins, NC 27325

Treasurer Phone:

910-215-7371

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).

3-1-18
Date Signed

Sammy D. McNeill
Signature of Candidate

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.

Amendment
 Yes No

| | |
|---|--|
| 1. Committee Information | |
| a. Full Name Committee to Elect Sammy McNeill | c. ID Number |
| b. Mailing Address (include City, State and Zip Code) 2851 NC 705 Hwy Robbins, NC 27325 | d. Date Filed 2-20-18 |
| | e. Phone Number 910-464-5030 |

| | | | |
|-------------------------------|---|--|---|
| 2. Report Year 2018 | 3. Period Start Date (mm/dd/yy) 2-20-18 | 4. Period End Date (mm/dd/yy) 3-1-18 | 5. Treasurer Full Name James Allen Mashburn |
|-------------------------------|---|--|---|

| | | | | | |
|--|---|--|--|---|--|
| 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"/> Organizational | |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Thirty-five day | Quarterly | <input type="checkbox"/> Pre-referendum | |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final | |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final | |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual | |
| <input type="checkbox"/> Booster Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special | |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Mid Year | Semi-annual | 10. Special Report Name | |
| <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. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name First Bank | a. Financial Institution Full Name | b. Purpose | c. Account Code |
| b. Purpose Campaign Account For Receipts and Expenditures | c. Account Code A | | |
| | d. Period Begin Balance \$ 0 | | 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.

James Allen Mashburn Printed Name of Signer
James Allen Mashburn Signature of Appointed Treasurer
2-1-18 Date

FOR OFFICE USE ONLY

Date Received: **3/1/18** Employee: **JAM**

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

RECEIVED

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.

MOORE BOE

Detailed Summary

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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 | |
| Committee to Elect Sammy McNeill | | org | | | |
| Start of Election Cycle: January 1, 2018 | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 0 | | \$ | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ | | \$ | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 297. 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) | | \$ 297. 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) | | \$ 250. ⁰⁰ - 47. ⁰⁰ | | \$ | |
| 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 | |
| Committee to Elect Sammy McNeill | | | | | | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Neal Jackson 907 Cabiness Town Rd Robbins, NC 27325 | | | Pastor | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | Benah Baptist Church | | \$ 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"/> | A | Check | | 3-1-10 | \$ 250.00 | |
| <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 | |
| Sammy McNeill 2851 NC Hwy 705 Robbins, NC 27325 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | Moore County Schools Police Dept. | | \$ 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"/> | | Cash | Filing Fee | 2/20/10 | \$ 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"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 297.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 297.00 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

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.

| | | | |
|--|--|--|--|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| Committee to Elect Sammy McNeill | | | |
| 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 | |
| Sammy McNeill 2851 NC Hwy 705 Robbins, NC 27325 | | <input 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 | |
| | | c. Comments | |
| | | | |
| | | d. Election Sum to Date | |
| | | \$ 47.00 | |
| e. Description | | f. Date (mm/dd/yyyy) | |
| Filing Fee | | 2/20/18 | |
| | | g. Fair Market Amount | |
| | | \$ 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 | |
| | | <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 | |
| | | c. Comments | |
| | | | |
| | | 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 | |
| | | <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 | |
| | | c. Comments | |
| | | | |
| | | 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 <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small> | | \$ 47.00 | |