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# CANDIDATE FILING PACKET / CHECKLIST

## FILING FORMS AND DOCUMENTS

- Voter Profile
- Notice of Candidacy, Nickname Affidavit (if applicable)
- Name Audio File completed
- Filing Fee (We do not keep cash on hand to make change, check/money order please)
- 2020 Candidate's Guide to Campaign Finance in North Carolina
- Signage and Electioneering Information
- Request for Information form
- Littering statutes
- Candidate SEI Newsletter

## CAMPAIGN FINANCE

Additional forms can be found at [www.ncsbe.gov](http://www.ncsbe.gov) in the Campaign Finance section.

- Statement of Organization (CRO-2100A)\*\* **(The Certification of Treasurer form has been combined into Statement of Organization form-one document for BOTH)**
- Treasurer Training Schedule or [www.ncsbe.gov](http://www.ncsbe.gov) Campaign Finance section
- Certification of Financial Account Information (CRO-3500)\*\*
- Candidate Designation of Committee Funds (CRO-3900)\*\*

### Candidates **OVER \$1,000** Threshold:

- Disclosure Report Cover (CRO-1000)\*\*
- Detailed Summary (CRO-1100)\*\*
- Organizational Disclosure Report (due within 10 days)

### Candidates **UNDER \$1,000** Threshold:

**(If eligible)**

- Certification of Threshold (CRO-3600)\*\*

- 2020 Candidate's Guide to Campaign Finance in North Carolina.
- Statement of Economic Interest (GA (NC House and NC Senate), Judicial, Clerk of Court Candidates only). This is filed with the Ethics Commission.

**\*\*Forms must be completed and returned to Board of Elections within 10 days of filing.**

**Your forms must be received by \_\_\_\_\_.**

**Candidate acknowledges receipt of this information \_\_\_\_\_.**

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## CANDIDATE FILING FORMS CHECKLIST

Candidate \_\_\_\_\_ Date Filed \_\_\_\_\_

- Statement of Organization (CRO-2100A)\*\* Date Returned \_\_\_\_\_
- \_\_\_\_\_
- Certification of Financial Account Number (CRO-3500)\*\* Date Returned \_\_\_\_\_
- Candidate Designation of Committee Funds (CRO-3900)\*\* Date Returned \_\_\_\_\_

Candidates **OVER \$1,000** Threshold:

- Disclosure Report Cover (CRO-1000)\*\* Date Returned \_\_\_\_\_
- Detailed Summary (CRO-1100)\*\* Date Returned \_\_\_\_\_
- Organizational Disclosure Report Date Returned \_\_\_\_\_

Candidates **UNDER \$1,000** Threshold: (if eligible)

- Certification of Threshold (CRO-3600)\*\* Date Returned \_\_\_\_\_

Notes:



STATE OF NORTH CAROLINA

NOTICE OF CANDIDACY

ELECTION 2020 General Election
ELECTION DATE 11/3/2020
JURISDICTION

NOTICE OF CANDIDACY FOR OFFICE OF: Soil and Water Conservation District Supervisor
DATE: SEAT NAME (judicial contests only): N/A

CANDIDATE INFORMATION

Full Legal Name, Name to Appear on Ballot, Residential Address, Mailing Address, City, State and Zip, County, Campaign Phone Number, Campaign Email Address, NC State Bar No.

CANDIDATE'S PLEDGE

Complete only if filing for a contest subject to a possible partisan primary: I hereby file notice as a candidate for nomination as ... in the ... party primary election to be held on ... I affiliate with the ... party, (and I certify that I am now registered on the registration records of the precinct in which I reside as an affiliate of the ... party.) I pledge that if I am defeated in the primary, I will not run for the same office as a write-in candidate in the next general election.

Complete only if filing for a non-partisan office: I hereby file notice that I am a candidate for election to the office of ... (District/Ward ...) for the governing body of ... in the regular election to be held on ...

FELONY DISCLOSURE

Have you ever been convicted of a felony? YES NO

If you have been convicted of a felony, you are required to complete a "Candidate Felony Disclosure" form within 48 hours of submitting this notice. GS § 163-106. The required form can be obtained from any election office or from the NC State Board of Elections website at www.NCSBE.gov. A prior felony conviction does not preclude holding elected office if rights of citizenship have been restored. Felony conviction need not be disclosed if the conviction was dismissed as a result of reversal on appeal or resulted in a pardon of innocence or expungement.

CANDIDATE'S CERTIFICATION AND PLEDGE

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I swear or affirm that the statements on this form are true, correct and complete to the best of my knowledge or belief.

X

Signature of Candidate

Date

Each candidate shall sign the notice of candidacy in the presence of the chairman or secretary of the board of elections, State or county, with which the candidate files. In the alternative, a candidate may have the candidate's signature on the notice of candidacy acknowledged and certified to by an officer authorized to take acknowledgments and administer oaths, in which case the candidate may mail or deliver by commercial courier service the candidate's notice of candidacy to the appropriate board of elections. The person acknowledging this notice of candidacy must complete the appropriate section on page 2 of this form.

**AFFIDAVIT ATTESTING TO NICKNAME**

(complete only if you would like an acceptable nickname to appear on the ballot in lieu of your legal name)

I, \_\_\_\_\_, have been duly sworn, hereby state under oath that I have been commonly known by the nickname, \_\_\_\_\_ for at least **five years** and request that my name be placed on the ballot as follows: \_\_\_\_\_. In the event that another candidate with the same last name as mine files notice of candidacy for the same office for which I am a candidate, my name should be listed as: \_\_\_\_\_.

STATE OF NORTH CAROLINA, \_\_\_\_\_ COUNTY

I hereby certify that, \_\_\_\_\_ the candidate who signed the AFFIDAVIT ATTESTING TO NICKNAME, personally appeared before me this day and signed this document in my presence.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

X

Notary Signature

Printed Name

My Commission Expires

NOTARY SEAL

**ACKNOWLEDGMENT OF NOTICE OF CANDIDACY**

Each candidate shall sign the notice of candidacy in the presence of the chairman or secretary of the board of elections, State or county, with which the candidate files. In the alternative, a candidate may have the candidate's signature on the notice of candidacy acknowledged and certified to by an officer authorized to take acknowledgments and administer oaths (Notary Public), in which case the candidate may mail or deliver by commercial courier service the candidate's notice of candidacy to the appropriate board of elections.

STATE OF NORTH CAROLINA, \_\_\_\_\_ COUNTY

I hereby certify that, \_\_\_\_\_, the candidate who signed this NOTICE OF CANDIDACY, personally appeared before me this day and signed this document in my presence or acknowledged his/her signature to be the same.

Date: \_\_\_\_\_

X

Signature of Certifying Officer (or Notary)

Printed Name of Certifying Officer (or Notary)

Title of Certifying Officer

My Commission Expires

NOTARY SEAL

**COUNTY BOARD OF ELECTIONS CERTIFICATION**

Candidates required to file their notice of candidacy with the State Board of Elections shall file along with their notice, a certificate signed by the chairman of the board of elections or the director of elections of the county. Candidates should have this certificate completed by their board of elections prior to submitting the notice to the State Board.

The undersigned has examined the voter registration records in \_\_\_\_\_ COUNTY and found that \_\_\_\_\_

- is a registered voter in this county.
- is registered as \_\_\_\_\_ (indicate candidate's political party affiliation or indicate *unaffiliated*, if applicable)
- has not changed his affiliation from another party or from unaffiliated within 90 days prior to the filing deadline.
- (Superior Court or District Court Judge only) is a resident of superior court district \_\_\_\_\_ or district court district \_\_\_\_\_.

X

Title of County Official

Signature of Board Chair or Director of Elections

Date



STATE OF NORTH CAROLINA  
 COUNTY OF CASWELL  
**FELONY DISCLOSURE FORM**

ELECTION GENERAL  
 ELECTION DATE 11/03/2020  
 JURISDICTION \_\_\_\_\_

At the same time a candidate files notice of candidacy, a candidate shall file a statement answering the following question: "Have you ever been convicted of a felony?" A felony conviction need not be disclosed if the conviction was dismissed as a result of reversal on appeal or resulted in a pardon of innocence or expungement. A prior felony conviction does not preclude holding elective office if the candidate's rights of citizenship have been restored, with the exception of the office of Sheriff. No one may file for sheriff who has been convicted of a felony, even after his or her citizenship rights have been fully restored.

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Soil and Water Conservation District Supervisor

Contest \_\_\_\_\_

Have you ever been convicted of a felony?  Yes

A candidate who answers "yes" to the question shall provide the name of the offense, the date of conviction, the date of the restoration of citizenship rights, and the county and state of conviction. Again, any felony conviction(s) that has been dismissed because of reversal on appeal or that resulted in a pardon of innocence or expungement does not need to be disclosed.

Offense	Date of Conviction	Date Citizenship Rights Restored	County of Conviction	State of Conviction

I affirm that the information disclosed here is true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
 Candidate's Signature

\_\_\_\_\_  
 Date

Fraudulently or falsely completing this form is a Class 1 felony under Chapter 163 of the General Statutes.



# Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input type="checkbox"/> Amended

Use this form to create a new or update an existing candidate committee.  
 This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

<b>1. Committee Information</b>			
a. Name of Committee		d. ID Number	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
c. Committee Website (Optional)		f. Phone Number	
<b>2. Candidate Information</b>			
a. Full Name		e. Party Affiliation	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
<input type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name		a. Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
<b>5. Custodian of Books Information (Keeper of Records)</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			
<p>I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.</p>			
_____		_____	
Printed Name of Treasurer		Signature of Appointed Treasurer	
		Date	
<p>I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.</p>			
_____		_____	
Printed Name of Candidate		Signature of Candidate	
		Date	





# NORTH CAROLINA STATE BOARD OF ELECTIONS

*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: \_\_\_\_\_

Treasurer Name: \_\_\_\_\_

Treasurer Address: \_\_\_\_\_

(include city, state, & zip) \_\_\_\_\_

Treasurer Phone: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
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



# NORTH CAROLINA

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## STATE BOARD OF ELECTIONS

**Additional account numbers:**

Type of Account	Financial Institution	Address	Account Number	Account Code

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Candidate or Treasurer



# NORTH CAROLINA

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## STATE BOARD OF ELECTIONS

### Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

**This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.**

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

#### FILED BY:

Committee Name: \_\_\_\_\_

Treasurer Name: \_\_\_\_\_

Treasurer Address: \_\_\_\_\_

(include city, state, & zip) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treasurer Phone: \_\_\_\_\_

#### Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

**THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.**

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature





# NORTH CAROLINA STATE BOARD OF ELECTIONS

## 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: \_\_\_\_\_

Committee Name: \_\_\_\_\_

Treasurer Name: \_\_\_\_\_

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

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

Level Registered: [State] [County] If county, specify: \_\_\_\_\_

I, \_\_\_\_\_, hereby direct that in the event of my death or incapacity all  
(Name of Candidate)  
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).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. _____	_____
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: \_\_\_\_\_

Date: \_\_\_\_\_



# Disclosure Report Cover

Amendment
<input type="checkbox"/> Yes <input type="checkbox"/> 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.

1. Committee Information			
a. Full Name		c. ID Number	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
		e. Phone Number	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input 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"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
		Semi-annual	<input type="checkbox"/> Fourth
		<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
7. Type of Fund (if applicable, check one)			
<input type="checkbox"/> Booster Fund			
<input type="checkbox"/> Building Fund			
<input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance		d. Period Begin Balance
	\$		\$
<b>CERTIFICATION</b>			
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.			
_____		_____	
Printed Name of Signer		Signature of Appointed Treasurer	
_____		_____	
		Date	
FOR OFFICE USE ONLY			
Date Received: _____	Employee: _____	<b>Delivery Method</b>	
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail	
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail	
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered	
		<input type="checkbox"/> Electronically Filed	
		<input type="checkbox"/> Signer has not received mandatory training	
<b>Please Note:</b> 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	
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$	\$
<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)		\$	\$
<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)		\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$	\$
<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)	\$	\$







# Contributions from Individuals

Pg \_\_\_\_ of \_\_\_\_

Amendment  
 Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b>			
				<b>e. Election Sum to Date</b>			
						\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b>			
				<b>e. Election Sum to Date</b>			
						\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b>			
				<b>e. Election Sum to Date</b>			
						\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$	
<b>5. Total of ALL CRO-1210 Pages</b>						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							



# Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees			<input type="checkbox"/> Coordinated Party Expenditures		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <small>(include city, state, &amp; zip)</small>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Sum to Date		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <small>(include city, state, &amp; zip)</small>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Sum to Date		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <small>(include city, state, &amp; zip)</small>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Sum to Date		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
<b>5. Total only this Page</b>						\$	
<b>6. Total of ALL CRO-1310 Pages</b>						\$	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
<b>* Codes require detailed explanation in required remarks field (k)</b>							







# In-Kind Contributions

Pg \_\_\_\_ of \_\_\_\_

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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
		<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	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
			\$
			\$
			\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
		<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	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
			\$
			\$
			\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
		<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	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
			\$
			\$
			\$
<b>4. Total only this Page</b>		\$	
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$	



## **Important Links for Candidates**

### **Candidates Guide to Campaign Finance**

<https://tinyurl.com/ufhwt2p>

### **Treasurer Training Schedule**

<https://tinyurl.com/y7vxq7j6>



# Mandatory Compliance Training

For NC Candidate, Party & Referendum Committee Treasurers  
(This training is not for PACs or IE Committees\*)

(Training is required once every four years for all NC Treasurers including those under the \$1,000 threshold)

## 2020 Mandatory In-Person – State and Regional Training Schedule

County	Date	Time	Location
SBE/Raleigh	06/11	9:00 - 1:00	State Board of Elections – this session will be conducted via webinar
SBE/Raleigh	06/23	9:00 - 1:00	State Board of Elections – this session will be conducted via webinar
SBE/Raleigh	07/09	9:00 - 1:00	State Board of Elections – this session will be conducted via webinar
SBE/Raleigh	07/24	9:00 - 1:00	State Board of Elections – this session will be conducted via webinar
SBE/Raleigh	08/06	9:00 – 1:00	State Board of Elections – TBD
SBE/Raleigh	08/18	9:00 – 1:00	State Board of Elections – TBD
SBE/Raleigh	09/03	9:00 - 1:00	State Board of Elections – TBD
SBE/Raleigh	09/17	9:00 – 1:00	State Board of Elections – TBD
SBE/Raleigh	10/06	9:00 – 1:00	State Board of Elections – TBD
SBE/Raleigh	10/22	9:00 – 1:00	State Board of Elections – TBD
SBE/Raleigh	11/12	9:00 – 1:00	State Board of Elections – TBD
SBE/Raleigh	12/10	9:00 – 1:00	State Board of Elections – TBD

To register for a Mandatory Compliance Training session listed above or online training:

Click on the following link <http://www.ncsbe.gov/Campaign-Finance/training>.

Complete instructions for registering and accessing the training website are included on the next page. The following are helpful tips to remember when attempting to register or complete the training.

***Once registered you will be sent information about how to setup for the webinar.***

The system may not immediately provide you with a listing of session dates to select from. If this happens, log-out and wait until the next day to log-in, the dates should appear.

This online course currently does NOT contain audio.

***Attendees arriving more than 15 minutes after the session begins may not receive credit & will need to re-schedule.***

***The SBE reserves the right to cancel any session due to low registration, weather or other unforeseen reasons.***

***Only attendees that pre-register will be notified of any possible cancellation.***

To register for a Software Training via phone:

Email your request to [campaign.reporting@ncsbe.gov](mailto:campaign.reporting@ncsbe.gov) - someone will contact you to schedule a session.

## How to Register & Complete Mandatory Compliance Training (on-line & in-person)



- To access the training registration, type this link: <https://ncgov.csod.com/> in your Internet browser address bar.
- To create an account, click "**Register – Click here to create account**" link.
- Complete all \*required fields to create your new account. First/Last Name, Email Address, User ID and Password are **required fields**. Click **Login (Recommended User ID is first initial followed by last name)**  
(Password requirements: 8-20 characters, upper & lower case, alpha & numeric).
- Click on the **VOTE** icon for your training: 
- If you are unable to locate the **VOTE** icon indicated above, Search for the course by training title or keyword(s). Type '**Mandatory**'.
- Click on the training title of your preference, **classroom** or **online**.
- If a **classroom session** is selected, you will be taken to the next screen to **REQUEST** the session you would like to attend. **Troubleshooting:** The system may not immediately provide you with a listing of session dates to select from. If this happens, **log-out** and **wait until the next day to log-in**, the dates should then appear.
- You will be prompted to complete a short form for reporting purposes. Full Name, Phone Number, Address, and Email Address are **required fields**. All other fields should be completed **if they apply**. Click on **SUBMIT**.

NCSBE - NC State Board of Elections Details	
Full Name:	
Email:	
Phone Number:	
Address:	
NCSBE - First Committee Candidate Name:	
NCSBE - First County Name:	
NCSBE - Second Committee Candidate Name:	
NCSBE - Second County Name:	
NCSBE - Third Committee Candidate Name:	
NCSBE - Third County Name:	

- If **online training** is selected, you will be taken to the next screen, select **REQUEST**.
  - Select **REGISTER**. (The system will process your registration.)
  - Select **LAUNCH**. The course will proceed to load in a new window.
  - There is currently no audio for the on-line training.

### Online Course Troubleshooting Notes:

- Ensure all slides are viewed and the last slide plays out automatically.
  - If you experience problems with the course launching, please ensure your browser pop-up blocker is turned off for this site.
- If you need to return to the course or after you have completed the course (either on-line or in-person) you will use the user ID & password that you created to log back in to view and print your certificate from the transcript page.

For additional assistance email [campaign.reporting@ncsbe.gov](mailto:campaign.reporting@ncsbe.gov) or visit website at: <http://www.ncsbe.gov/Campaign-Finance>

**Persons that do not register for training via this on-line LMS will not receive credit for training!**



# NORTH CAROLINA STATE BOARD OF ELECTIONS

## LITTERING STATUTES

P.O. Box 27255  
Raleigh, NC  
27611-7255  
Mailing Address

elections.sboe  
@ncsbe.gov  
E-mail

(919) 814-0700 or  
(866) 522-4723  
Phone

(919) 715-0135  
Fax

*Last Updated: 11/2019*

### Regulation of Signs

#### § 136-32. Regulation of signs

(a) Commercial Signs. – No unauthorized person shall erect or maintain upon any highway any warning or direction sign, marker, signal or light or imitation of any official sign, marker, signal or light erected under the provisions of G.S. 136-30, except in cases of emergency. No person shall erect or maintain upon any highway any traffic or highway sign or signal bearing thereon any commercial or political advertising, except as provided in subsections (b) through (e) of this section: Provided, nothing in this section shall be construed to prohibit the erection or maintenance of signs, markers, or signals bearing thereon the name of an organization authorized to erect the same by the Department of Transportation or by any local authority referred to in G.S. 136-31. Any person who shall violate any of the provisions of this section shall be guilty of a Class 1 misdemeanor. The Department of Transportation may remove any signs erected without authority or allowed to remain beyond the deadline established in subsection (b) of this section.

(b) Compliant Political Signs Permitted. – During the period beginning on the 30th day before the beginning date of "one-stop" early voting under G.S. 163A-1300 and ending on the 10th day after the primary or election day, persons may place political signs in the right-of-way of the State highway system as provided in this section. Signs must be placed in compliance with subsection (d) of this section and must be removed by the end of the period prescribed in this subsection.

(c) Definition. – For purposes of this section, "political sign" means any sign that advocates for political action. The term does not include a commercial sign.

(d) Sign Placement. – The permittee must obtain the permission of any property owner of a residence, business, or religious institution fronting the right-of-way where a sign would be erected. Signs must be placed in accordance with the following:

- (1) No sign shall be permitted in the right-of-way of a fully controlled access highway.
- (2) No sign shall be closer than three feet from the edge of the pavement of the road.
- (3) No sign shall obscure motorist visibility at an intersection.
- (4) No sign shall be higher than 42 inches above the edge of the pavement of the road.
- (5) No sign shall be larger than 864 square inches.
- (6) No sign shall obscure or replace another sign.

(e) Penalties for Unlawful Removal of Signs. – It is a Class 3 misdemeanor for a person to steal, deface, vandalize, or unlawfully remove a political sign that is lawfully placed under this section.

(f) Application Within Municipalities. – Pursuant to Article 8 of Chapter 160A of the General Statutes, a city may by ordinance prohibit or regulate the placement of political signs on rights-of-way of streets located within the corporate limits of a municipality and maintained by the municipality. In the absence of an ordinance prohibiting or regulating the placement of political signs on the rights-of-way of streets located within a

municipality and maintained by the municipality, the provisions of subsections (b) through (e) of this section shall apply.

*(1921, c. 2, s. 9(b); C.S., s. 3846(r); 1927, c. 148, ss. 56, 58; 1933, c. 172, s. 17; 1957, c. 65, s. 11; 1973, c. 507, s. 5; 1977, c. 464, s. 7.1; 1991 (Reg. Sess., 1992), c. 1030, s. 39; 1993, c. 539, s. 981; 1994, Ex. Sess., c. 24, s. 14(c); 2011-408, s. 1; 2017-6, s. 3.)*

**PLEASE NOTE** effective December 1, 2019 any political sign remaining in the right-of-way of the State highway system more than 40 days after the primary or election day is deemed unlawfully placed abandoned property, and a person may remove and dispose of such political sign without penalty.

2019 N.C. Sess. Laws 119, Sec. 1 (amending G.S. § 136-32(b)).

Local ordinances regulating the placement of political signs must also provide that any political sign that remains in a right-of-way of streets located within the corporate limits of a municipality and maintained by the municipality more than 30 days after the end of the period prescribed in the ordinance is deemed unlawfully placed and abandoned property, and a person may remove and dispose of such political sign without penalty.

2019 N.C. Sess. Laws 119, Sec. 1 (amending G.S. § 136-32(f)).

**PLEASE ALSO NOTE** effective December 1, 2019 the county board of elections shall ensure that each precinct voting place permits candidates to place and retrieve political advertising at least 36 hours prior to the opening of the voting place and at least 36 hours after the close of the voting place, as provided in G.S. 163-166.01. Any political advertising placed outside the times specified may be removed by the property owner.

2019 N.C. Sess. Laws 119, Sec. 1.5.(a) (amending G.S. § 163-129)).

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## Injuring Electric Fixtures

### **§ 14-156. Injuring fixtures and other property of electric-power companies.**

It shall be unlawful for any person willfully and wantonly, and without the consent of the owner, to take down, remove, injure, obstruct, displace or destroy any line erected or constructed for the transmission of electrical current, or any poles, towers, wires, conduits, cables, insulators or any support upon which wires or cables may be suspended, or any part of any such line or appurtenances or apparatus connected therewith, or to sever any wire or cable thereof, or in any manner to interrupt the transmission of electrical current over and along any such line, or to take down, remove, injure or destroy any house, shop, building or other structure or machinery connected with or necessary to the use of any line erected or constructed for the transmission of electrical current, or to wantonly or willfully cause injury to any of the property mentioned in this section by means of fire. Any person violating any of the provisions of this section shall be guilty of a Class 2 misdemeanor.

*(1907, c. 919; C.S., s. 4328; 1993, c. 539, s. 94; 1994, Ex. Sess., c. 24, s. 14(c).)*

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## Signs Within Right of Way

### **19A NCAC 02E .0415 Advertising Signs Within Right of Way**

It shall be unlawful for any person, firm, or corporation to erect, place, or allow any advertising, or other sign, except regulation traffic and warning signs approved by the Department, on any highway or the right-of-way thereof, or so as to overhang the right-of-way, or to permit the erection or placing of any advertising or other sign, as herein prohibited, on any highway right-of-way which is situated over any land owned, rented, leased, or claimed by such person, firm, or corporation.

*History Note: Authority G.S. 136-18(10); 136-30; Eff. July 1, 1978.*



# NORTH CAROLINA STATE BOARD OF ELECTIONS

## Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

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

### FILED BY:

Committee Name: \_\_\_\_\_

Treasurer Name: \_\_\_\_\_

Treasurer Address: \_\_\_\_\_

(include city, state, & zip) \_\_\_\_\_

Treasurer Phone: \_\_\_\_\_

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature

