

Statement of Organization - Referendum Committee

Amendment
 Yes No

Use this form to create a new or update an existing referendum committee

This form must be accompanied by form CRO-3500

1. Committee Information			
a. Full Name		c. ID Number	
A Better Way to Pay			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
339 Olde Point Loop Hampstead, NC 28443		10/5/07	
		e. Phone Number	
		910/270-1991	
2. Referendum Information			
a. Full Name		b. Date of Referendum	c. Declaration
Tax Advisory Referendum - Land Transfer Tax		Nov. 6, 2007	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Kathy Teer Crumpler			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1851 Kings Landing Rd. Hampstead, NC 28443			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910/270-2935	KTC54@aol.com		
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		Cape Fear Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Support Tax Advisory Ref. - with information	
c. Phone Number	d. Email Address	e. Account Code	d. Type
			checking
CERTIFICATION			
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.			
Kathy Teer Crumpler		Kathy Teer Crumpler	10/08/07
Printed Name of Signer		Signature of Appointed Treasurer	Date

CRO-2100E

NC State Board of Elections

April 2007

OCT 08 2007



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

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

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

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: A Better Way to Pay
 Treasurer Name: Kathy Teer Crumpler
 Treasurer Address: 1851 Kings Landing Rd.
 (include city, state, & zip) Hampstead, NC 28443
 Treasurer Phone: 910/270-2935

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 would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Account Number	Account Code
checking	Cape Fear Bank	14572 US Hwy. 17 Hampstead, NC		RC1

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

x 10/08/07
Date Signed

x Kathy Teer Crumpler
Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

Date Signed

Signature of Candidate or Treasurer

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 A Better Way to Pay	c. ID Number
b. Mailing Address (include City, State and Zip Code) 339 Olde Point Loop Hampstead, NC 28443	d. Date Filed 10/08/07
	e. Phone Number 910/270-1991

2. Report Year 2007	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name Kathy Teer Crumpler
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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	<input type="checkbox"/> Organizational	<input type="checkbox"/> State/County	<input checked="" type="checkbox"/> Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Pre-referendum
<input checked="" type="checkbox"/> Referendum		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
<input type="checkbox"/> Special			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report				

II. Account Information		III. Account Information	
a. Financial Institution Full Name Cape Fear Bank		a. Financial Institution Full Name	
b. Purpose To support Land Transfer Tax Referendum	c. Account Code RC1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 500.00		d. Period Begin Balance \$

CERTIFICATION
 I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k).

Kathy Teer Crumpler x **Kathy Teer Crumpler** **10/08/07**
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY **OCT 08 2007**

Date Received: _____	Employee: DB	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input checked="" type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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

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	2. ID Number
Start of Election Cycle: January 1, <u>2007</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ <u>0</u>	\$ <u>0</u>
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ <u>500.00</u>	\$ <u>500.00</u>
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)	\$	\$
12) TOTAL RECEIPTS	(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)	\$ <u>500.00</u>	\$ <u>500.00</u>
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Loan Repayments	(CRO-1420)	\$	\$
15) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
16) In-Kind Contributions	(CRO-1510)	\$	\$
17) TOTAL EXPENDITURES	(Add lines 13a, 13b, 13c, 14, 15, and 16)	\$	\$
18) Cash on Hand at End	(Add lines 4 and 12 together, then subtract line 17)	\$ <u>500.00</u>	\$ <u>500.00</u>
ADDITIONAL INFORMATION			
19) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	\$
20) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	\$
21) Debts and Obligations owed By the Committee	(CRO-1610)	\$	\$
22) Debts and Obligations owed To the Committee	(CRO-1620)	\$	\$
23) Account Transfers Within the Committee	(CRO-1720)	\$	\$
24) Administrative Support	(CRO-1710)	\$	\$
25) Forgiven Loans	(CRO-1440)	\$	\$
26) 48-Hour Notice Reports Sum		\$	\$

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
A Better Way to Pay						
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	
TMS-PTSO 17445 US Hwy 17 Hampstead, NC 28443			organization			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	RC1	check			\$ 500.00	
<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"/>					\$	
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					\$ 500.00	
5. Total of ALL CRO-1210 Pages <small>(This box must be on line 6 of Detailed Summary Page CRO-1210)</small>					\$ 500.00	