

Statement of Organization - Candidate Committee

Amendment

Yes No

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.

a. Full Name COMMITTEE TO ELECT TOM ROPER FOR COUNTY COMMISSIONER		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 805 EASTWOOD CT BURGAW NC 28425		d. Date Organized	
		e. Phone Number	

a. Full Name THOMAS JARDINE ROPER		c. Candidate ID Number	d. Party Affiliation
b. Mailing Address (include City, State, and Zip Code) 805 EASTWOOD CT BURGAW NC 28425		e. Office Sought COUNTY COMMISSIONER	f. Jurisdiction DISTRICT FOUR
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			

a. Full Name VICKIE FOSTER		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 200 US HWY 117S BURGAW NC 28425		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 910-259-7156	d. Email Address VFOSTER@REALTYWORLD SOUTHEASTERN.COM	c. Phone Number	d. Email Address

a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type

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.

VICKIE B. FOSTER
Printed Name of Signer


Signature of Appointed Treasurer

2/20/08
Date



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

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: TOM ROPER

Treasurer Name: VICKIE FOSTER

Treasurer Address: 200 US Hwy 1175
 (include city, state, & zip) BURGAW NC 28425

Treasurer Phone: 910-~~411~~ 231-4014 (CELL)

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).

2/11/08
 Date Signed

[Signature]
 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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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:

Committee to Elect TOM ROPER County

Treasurer Name:

VICKIE FOSTER

COMMISSIONER

Treasurer Address:

805 EAST WOOD CT

(include city, state, & zip)

BURGAN NC 28425

Treasurer Phone:

910-231-4014

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	BANK OF AMERICA	FREMONT ST. BURGAN NC	00	TR
				XXXXXXXXXX

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

2/21/08

Date Signed

Thomas Roper
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



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 Fax: (919) 715-8047

Certification of Threshold

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$3,000 in the current election cycle

FILED BY:

Committee Name:

Committee to Elect Tom Roper County

Treasurer Name:

Jickie Foster Commissioner

Treasurer Address:

200 US Hwy 117 S
 BUREAU NC 28425

(include city, state, & zip)

Treasurer Phone:

910-231-4014

Check One:

I certify that this committee intends to neither receive nor expend more than \$3,000 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 \$3,000 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 under the \$3000 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.

2/11/08
 Date Signed

[Handwritten Signature]
 Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

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

a. Full Name Committee to Elect to MiROPER County Commission		c. ID Number 7HL21Z
b. Mailing Address (Include City, State and Zip Code) 805 EASTWOOD LT BURGAW NC 28425		d. Date Filed 2/21/08
		e. Phone Number 910-471-3494

2008	2/21/08	2/21/08	VICKIE FOSTER
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<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input checked="" type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:	<input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund	Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
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a. Financial Institution Full Name BANK OF AMERICA		a. Financial Institution Full Name	
b. Purpose CAMPAIGN FUNDS	c. Account Code TR	b. Purpose	c. Account Code
d. Period Begin Balance \$ 300.00 - 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 if 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 according to N.C.G.S. 163-278.7(f).
VICKIE FOSTER Vickie Foster 2/21/08
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <u>2/21/08</u>	Employee: <u>DB</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input 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.

Committee to Elect Tom Roper County Commissioner		ORGANIZATION	74212	
Start of Election Cycle:	January 1,	2008	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start			\$ 0	\$ 0
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)		\$ 3000.00	\$ 3000.00
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)		\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)			\$ 3000.00	\$ 3000.00
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)		\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 0	\$ -0-
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 3000.00	\$ 3000.00
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-2200)		\$	\$
27) Contributions to be refunded	(CRO-1215)		\$	\$

Loan Proceeds

Amendment

Pg of Yes No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (not Party if applicable)		2. Number		
Committee TO ELECT TOM ROPER County Commissioner		7HL21Z		
3. Lender Information				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments
THOMAS J ROPER 805 EASTWOOD CT BURGAW NC 28425		REATOR		
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)
		REALTY WORLD SOUTHEASTERN		2/21/08
				f. End Date (mm/dd/yyyy)
				5/30/08
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
0 %	NONE	TR	check	\$ 3000.00
l. Full Name of Lending Institution				m. Loan Number
4. Endorser				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field
		d. Percentage		e. Amount
				% \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field
		d. Percentage		e. Amount
				% \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field
		d. Percentage		e. Amount
				% \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field
		d. Percentage		e. Amount
				% \$
				\$ 3000.00