

Disclosure Report Cover

RECEIVED MAR 03 2014

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

1. Committee Information				
a. Full Name			c. ID Number	
COMMITTEE TO ELECT SCOTT LAWSON				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
PO BOX 911 HAMPSTEAD, NC 28443			3/3/2014	
			e. Phone Number	
			910-622-0148	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2014			RICK TUNNER	
6. Type of Committee (Check One)		9. Type of Report <i>(check only one type of report from one category)</i>		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <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		
7. Type of Fund <i>(if applicable, check one)</i>		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		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		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		
8. Number of Fundraisers this Report		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
TD BANK				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES	1215			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 0		\$	
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.				
RICK TUNNER				3/3/14
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received: _____	Employee: _____	Delivery Method		
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		
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.				

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 COMMITTEE TO ELECT SCOTT LAWSON				c. ID Number	
b. Mailing Address (include City, State and Zip Code) PO BOX 911, HAMPSTEAD, NC 28443				d. Date Organized 3/3/2014	
				e. Phone Number 910-622-0148	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name HAMPSTEAD, NC 28443			e. Candidate ID Number		f. Party Affiliation DEMOCRAT <small>(Indicate Non-partican if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) PO BOX 911 HAMPSTEAD, NC 28443			g. Office Sought SHERIFF		
c. Phone Number 910-622-0148	d. Email Address SCOTTLAWSON@EMAIL.COM		h. Next Election Year 2014	i. Jurisdiction PENDER COUNTY	
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name RICK TUNNER			a. Full Name RICK TUNNER		
b. Mailing Address (include City, State, and Zip Code) 113 DOGWOOD CIRCLE HAMPSTEAD, NC 28443			b. Mailing Address (include City, State, and Zip Code) 113 DOGWOOD CIRCLE HAMPSTEAD, NC 28443		
c. Phone Number 910-612-4892	d. Email Address RTUNNER@AOL.COM		c. Phone Number 910-612-4892	d. Email Address RTUNNER@AOL.COM	
I prefer to receive 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 <small>(incl. CRO-3500)</small>		
a. Full Name N/A			<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name TD BANK	
b. Mailing Address (include City, State, and Zip Code)			b. Purpose CHECKING ACCOUNT FOR COMMITTEE		
c. Phone Number	d. Email Address		c. Account Code 1215	d. Type CHECKING	
<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.					
RICK TUNNER Printed Name of Signer		 Signature of Appointed Treasurer		3/3/2014 Date	

