

# Statement of Organization – Candidate Committee

Is this statement:  
 New       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.

1. Committee Information			
a. Name of Committee		d. ID Number	
Wardens For City Council		ZHCU CZ	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
702 Royce Ave Jacksonville, NC 28540		12-7-21	
c. Committee Website (Optional)		f. Phone Number	
		252-423-1229	
2. Candidate Information			
a. Full Name		c. Party Affiliation	
Robert H. Warden, Jr.		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1006 Clyde Dr. Jacksonville, NC 28540		City of Jacksonville Council at Large	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-546-1893	RWardensJacksonvilleNC.gov	2022	City of Jacksonville
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Bobby D. Hudspeth		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
702 Royce Ave. Jacksonville, NC 28540			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
252-423-1229	Bobby.Hudspeth@gmail.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
Bobby D. Hudspeth		Wells Fargo	
b. Mailing Address (include City, State, and Zip Code)			
702 Royce Ave Jacksonville, NC 28540			
c. Phone Number	d. Email Address	b. Account Code	c. Type
252-423-1229	Bobby.Hudspeth@gmail.com	RW2022	Checking
<input checked="" 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>			
<u>Bobby D. Hudspeth</u> Printed Name of Treasurer		<u>Bob D. Hudspeth</u> Signature of Appointed Treasurer	
		12-16-21 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>			
<u>BOB WARDEN</u> Printed Name of Candidate		<u>Bob Warden</u> Signature of Candidate	
		12/16/21 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: Warden For City Council

Treasurer Name: Bobby Hudspeth

Treasurer Address: 702 Royce Ave  
(include city, state, & zip) Jacksonville, NC 28540

Treasurer Phone: 252-423-1229

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
Checking	Wells Fargo	900 Henderson Dr. Jacksonville, NC 28540		BW2022

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

12-16-21

Date Signed

Bobby Hudspeth

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.

12/16/21

Date Signed

Signature of Candidate or Treasurer



# NORTH CAROLINA

## 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:

WARDEN FOR CITY COUNCIL

Treasurer Name:

BOBBY HUDSPETH

Treasurer Address:

702 ROYCE AVE

(include city, state, & zip)

JACKSONVILLE, NC 28540

Treasurer Phone:

252-423-1229

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.

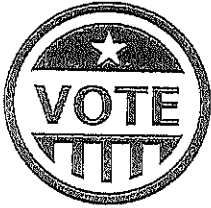
THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

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.

12/16/21

Date Signed

Bob Warden  
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: Bob Warden

Committee Name: Warden For City Council

Treasurer Name: Bobby Hudspeth

If Candidate is own treasurer, designate an agent to carry out designations: N/A

Committee ID#: ZHCUCZ

Level Registered: [State] [County] If county, specify: City (Jacksonville)

I, Bob Warden, 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> <i>(Select from §163-278.16B(a))</i>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Onslow Community Outreach</u>	<u>100%</u>
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: Bob Warden

Date: 12-16-21

**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.

<b>1. Committee Information</b>				
a. Full Name <b>WARPEN FOR CITY COUNCIL</b>			c. ID Number <b>ZHCUCZ</b>	
b. Mailing Address (include City, State and Zip Code) <b>702 ROYCE AVE JACKSONVILLE, NC 28540</b>			d. Date Filed <b>12/16/21</b>	
			e. Phone Number <b>252-423-1229</b>	
2. Report Year <b>2021</b>	3. Period Start Date (mm/dd/yy) <b>12/7/2021</b>	4. Period End Date (mm/dd/yy) <b>12/16/21</b>	5. Treasurer Full Name <b>BOBBY DEAN HUDSPETH</b>	
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser			<b>Municipal</b> <input checked="" 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 <b>State/County</b> <input 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 <b>Referendum</b> <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	
7. Type of Fund (if applicable, check one)			10. Special Report Name	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other: <b>N/A</b>				
8. Number of Fundraisers this Report <b>N/A</b>				
<b>11. Account Information</b>			<b>11. Account Information</b>	
a. Financial Institution Full Name <b>WELLS FARGO</b>			a. Financial Institution Full Name <b>N/A</b>	
b. Purpose <b>CAMPAIGN - CHECKING</b>			b. Purpose	
c. Account Code <b>BW2022</b>			c. Account Code	
d. Period Begin Balance <b>FO</b>			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.				
<b>BOBBY D. HUDSPETH</b>		<b>B.D. Hudspeth</b>		<b>12/16/21</b>
Printed Name of Signer		Signature of Appointed Treasurer		Date
<b>FOR OFFICE USE ONLY</b>				
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.				

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	
WARDEN FOR CITY COUNCIL	ORGANIZATIONAL	ZHCU CZ	
Start of Election Cycle: January 1, 2021	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start			
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	0	0	
6) Contributions from Individuals (CRO-1210)	3,200	3,200	
7) Contributions from Political Party Committees (CRO-1220)	0	0	
8) Contributions from Other Political Committees (CRO-1230)	0	0	
9) Loan Proceeds (CRO-1410)	0	0	
10) Refunds/Reimbursements to the Committee (CRO-1240)	0	0	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	0	0	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	0	0	
11c) Outside Sources of Income (CRO-1250)	0	0	
11d) Legal Expense Fund - Other Sources (CRO-1270)	0	0	
11e) Exempt Purchase Price Sales (CRO-1265)	0	0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	3,200	3,200	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	128.40	128.40	
13b) Contributions to Candidates/Political Committees (CRO-1310)	0	0	
13a) Coordinated Party Expenditures (CRO-1310)	0	0	
14) Aggregated Non-Media Expenditures (CRO-1315)	0	0	
15) Loan Repayments (CRO-1420)	0	0	
16) Refunds/Reimbursements from the Committee (CRO-1320)	0	0	
17) In-Kind Contributions (CRO-1510)	0	0	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	128.40	128.40	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	3,071.60	3,071.60	
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	0		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	0		
22) Debts and Obligations owed by the Committee (CRO-1610)	0		
23) Debts and Obligations owed to the Committee (CRO-1620)	0		
24) Account Transfers Within the Committee (CRO-1720)	0		
25) Administrative Support (CRO-1710)	0		
26) Forgiven Loans (CRO-1440)	0		
27) 48-Hour Notice Reports Sum (CRO-2220)	0		
28) Contributions to be Refunded (CRO-1215)	0		

Contributions from Individuals

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) <b>WARDEN FOR CITY COUNCIL</b>	2. ID Number <b>ZHCUCZ</b>
------------------------------------------------------------------------------------	-------------------------------

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>John L. Pierce PO Box 1685 Jacksonville, NC 28540</b>	b. Job Title/Profession <b>Surveyor</b>	d. Comments	
	c. Employer's Name/Specific Field <b>John Pierce &amp; Associates</b>		
		e. Election Sum to Date <b>\$ 1,000</b>	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<b>BW 2022</b>	<b>check</b>	<b>NA</b>	<b>10/28/21</b>	<b>\$ 1,000</b>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Roy E. Baggett 133 Epworth Dr. Jacksonville, NC 28546</b>	b. Job Title/Profession <b>Bar &amp; Grill owner</b>	d. Comments	
	c. Employer's Name/Specific Field <b>Self-employed</b>		
		e. Election Sum to Date <b>\$ 2,000</b>	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<b>BW 2022</b>	<b>check</b>	<b>NA</b>	<b>10/28/21</b>	<b>\$ 1,000</b>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Joseph J. &amp; Susan Henderson 108 Winestone Pl. Jacksonville, NC 28546</b>	b. Job Title/Profession <b>Building Contractor</b>	d. Comments	
	c. Employer's Name/Specific Field <b>Atlantic Construction</b>		
		e. Election Sum to Date <b>\$ 3,000</b>	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<b>BW 2022</b>	<b>check</b>	<b>NA</b>	<b>10/28/21</b>	<b>\$ 1,000</b>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	<b>\$ 3,000</b>
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5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>	<b>\$ 3,200</b>
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# Contributions from Individuals

Pg 2 of 2

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>
WARDEN FOR CITY COUNCIL						
<b>3. Contributor Information</b> <input checked="" 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>	
J. Dewey & Mary E. Edwards 503 Scottdale Ct. Jacksonville, NC 28546 910-455-9494			Attorney			
			<b>c. Employer's Name/Specific Field</b> Gaylor, Edwards, & Humphrey			
					<b>e. Election Sum to Date</b> <del>\$200</del> 3,200	
<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"/>	BW 2022	check	NA	10/28/21	\$ 200	
<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>						\$ 200
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 3,200



# 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>	
WARDEN FOR CITY COUNCIL						ZHUCUZ	
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees			<input type="checkbox"/> Coordinated Party Expenditures		
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>				b. Coordinated Committee Name		d. Comments	
EXPRESS PRINTING 117 N. MARINE BLVD JACKSONVILLE NC 28540 910-455-1454				N/A			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 128.40	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BW2022	CHECK	B	11/08/2021	\$ 128.40	CANDIDATE HAND OUT CARDS		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>				b. Coordinated Committee Name		d. Comments	
				<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 <i>(include city, state, &amp; zip)</i>				b. Coordinated Committee Name		d. Comments	
				<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>						\$ 128.40	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 128.40	
<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> <i>(List detailed expenditure code in (h.) above)</i>							
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							
* Codes require detailed explanation in required remarks field (k)							