

# 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 to submit if applicable).

Amendment  
 Yes  No

<b>1. Committee Information</b>	
a. Full Name	c. ID Number
COMMITTEE TO Elect Tom Leonard	FHC 4X3
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
218 COASTAL Drive North Topsail Beach, NC 28460	07-11-2017
	e. Phone Number
	910-548-4536

<b>2. Candidate Information</b>		<input type="checkbox"/> Candidate's Primary Committee
a. Full Name	e. Candidate ID Number	f. Party Affiliation
THOMAS Edward Leonard	FHC 4X3	Non Partisan <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
218 COASTAL Drive NORTH TOPSAIL BEACH, NC 28460	NORTH TOPSAIL BEACH ALDERMAN	
c. Phone Number	d. Email Address	h. Next Election Year
910-548-4536	TOM.LEONARD@NTBC.ORG	2017
<input type="checkbox"/> Email copy of notices		i. Jurisdiction
		AT LARGE

<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name	b. Mailing Address (include City, State, and Zip Code)	a. Full Name	b. Mailing Address (include City, State, and Zip Code)
SAME AS ABOVE			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address

I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		FIRST Citizens BANK	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Funds	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		TL	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.

Thomas E Leonard  
Printed Name of Signer

Signature of Appointed Treasurer

7/14/18  
Date



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

**RECEIVED**  
 JUL 18 2017  
 BY: \_\_\_\_\_

Kim Westbrook Strach  
 Executive Director

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

**Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

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

**FILED BY:**

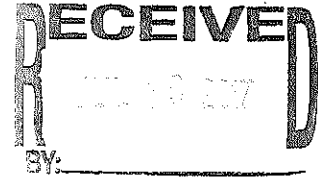
Candidate Name: Thomas E Leonard  
 Treasurer Name: Thomas E Leonard  
 Treasurer Address: 218 COASTAL Drive  
 (include city, state, & zip) North Topsail Beach NC 28460  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 910.528.4536

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).

7/19/17  
 Date Signed

Thomas E Leonard  
 Signature of Candidate



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 State Board of Elections  
 441 N Harrington Street  
 Raleigh, NC 27603

Kim Westbrook Strach  
 Executive Director

Mailing Address  
 PO Box 27255  
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 (919) 733-7173

**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: Committee to Elect Tom Leonard

Treasurer Name: Thomas Leonard

Treasurer Address: 218 COASTAL DRIVE

(include city, state, & zip) North Topsail Beach, NC 28460

Treasurer Phone: 910-548-4536

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.

7/14/17  
 Date Signed

[Signature]  
 Signature



RECEIVED  
BY: \_\_\_\_\_

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State Board of Elections  
441 N Harrington Street  
Raleigh, NC 27603

Kim Westbrook Strach  
Executive Director

Mailing Address  
PO Box 27255  
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### 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: Tom Leonard

Committee Name: Committee to Elect Tom Leonard

Treasurer Name: Thomas E Leonard

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

Committee ID #: FHC 4X3

Level Registered: [State] County If county, specify: Onslow

I, Tom Leonard, 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. <u>Return to Contributors</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: Tom Leonard

Date: 7/14/17