

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:	Campaign to Elect Emily Castelaw
Treasurer Name:	Emily Castelow
Treasurer Address:	105 Nathan Dr
(include city, state, & zip)	Grandy, NL 27939
Treasurer Phone:	252-421-3179
election cycle under the proc until the end of the election of expenditures during this elec- of elections and file required	ittee intends to neither receive nor expend more than \$1,000 during the current redures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$1,000 in contributions or ction cycle, I understand that I must immediately notify the appropriate board campaign finance reports. NONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.
to file the next scheduled t	Certification to remain at or under the \$1,000 threshold. I will now be required report for all contributions and expenditures that have not been previously of the current election cycle. I further agree to file all future reports required.
12-4-23	Emily Captelow
Date Signed	Signature



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).

how the committee's funds	s are to be disbursed using the eig	tht allowable methods outlined in 163-278.16B(a).
	_	where the committee's campaign reports are filed.
Candidate Name:	Emily Castelou	Δ
Committee Name:	Campaign to	Stect Emily Castelow
Treasurer Name:	Emily Caste	low
If Candidate is own tro	easurer, designate an agent	to carry out designations: <u>Kristen (astelo</u> l
Committee ID #:	BCFWIJ	
Level Registered:	[State] [County] If county,	specify: Currituck
(Name of Candidate funds remaining in my debts or reasonable e	e) v Campaign Committee acc	ount(s) (after payment of permitted outstanding e Committee or closing office) be paid in the 163-278.16B(a).
Name ((Select from	of Entity §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. Contributo	or -# 6 formlist	<u>//009/</u>
2		
3		
By signing this form, Gen. Statute 163-278. records.	I certify that the foregoing ended 16B(a). A copy of this form	entities are eligible beneficiaries under N.C. a should be maintained with the Committee
Signature of Candidat	e: Emily (actela
Date:	12-4-23	

1. Committee Information C. ID Number S. Full Name Campaign to Elect Emily Castelow E. Field E. Full Name E. Ful	Disclosure Re Use this form for ge	neral report and com	mittee informat	tion, must be	signed and sub	mitted along with ot	Yes No ther detailed forms.
ERIVASE Campaign to Elect Emily Castelow Mailing Address (include City, Siste and Zip Code)			on				
Campaign to Elect Emily Castelow City, Sinte and Zip Code) Campaign to Elect Emily Castelow Campaign to Elect Emily Castelow Campaign Emily Castelow Castelow Castelow Castelow Castelow Castelow Castelow Castelow Castelow Cas		mation				<u> </u>	c. ID Number
Date		Emily Castelow	<u> </u>				BCFW1J
12/04/23 12/04/24 12/04/23 12/04/24	h Mailing Address (inc	lude City. State and Zip	Code)				d. Date Filed
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2023 07/01/2023 12/31/2023 Emily Castelow Canoidate Campaign Party	105 Nathan Drive	ade chijyomo r					12/04/23
2. Report Year 3. Period Start Date (mm/4d/yy) 2023	Grandy, NC 27939						c. Phone Number
2. Report Year 3. Period Start Date (mm/ad/yr) 2. Tribute of the No. 2. Tribute (Check One) 2. Type of Committee (Check One) 9. Type of Report Check Only one type of report from one category)					_		252-421-3179
2023 07/01/2023 12/31/2023 12/31/2023 12/31/2023	2. Report Year	3. Period Start Da	te (mm/dd/yy)	1	End Date		l Name
Candidate Campaign Parry Municipal State/County Referredum Candidate Campaign Parry Municipal Organizational Organizational Organizational Organizational Organizational Pre-referendum Sumplemental Final Supplemental Final Sumplemental Final Section Second Supplemental Final Section Second Supplemental Final Section Pre-referendum Pre-referendu	2023	07/01/2	023	12/3			
Candidate Campaign	6. Type of Commit	tee (Check One)					
PAC Independent Joint Fundraiser Thirty-five day Quarterly Pre-referendum Expenditure Legal Expense Fund Joint Fundraiser Thirty-five day Quarterly Pre-referendum Pre-referendum Pre-primary First Supplemental Final Supplemental Final Supplemental Final Semi-annual Fourth Semi-annual Semi-annual Fourth Semi-annual Semi-annual Fourth Semi-annual Semi-annual Fourth Semi-annual Semi-annual Semi-annual Fourth Semi-annual Semi-annua		===	 				
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Building Fund		(if applicable, check o		• •	ᅵ片		
Semi-annual Semi-annual Semi-annual Semi-annual Semi-annual Semi-annual Mid Year Year End Year End Year End Semi-annual Year End Year End Year End Special	I 🖵		ᅵ片				
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8. Number of Fundraisers this Report Special Final Special	Other:			Year End	· 🗆	Mid Year	10. Special Report Name
Special				Final	$ \boxtimes$	Year End	
11. Account Information a. Financial Institution Full Name TowneBank b. Purpose c. Account Code Campaign Exp 01 d. Period Begin Balance s 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. FOR OFFICE USE ONLY Date Received: Employee: Date Postmarked: Employee: Date Scanned: Employee: Employee: Employee: Signer Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received	8. Number of Fund	Iraisers this Report		Special			
A. Financial Institution Full Name TowneBank b. Purpose Campaign Exp O1 d. Period Begin Balance S 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. FOR OFFICE USE ONLY Date Received: Date Postmarked: Employee: Date Scanned: Employee: Employee: Employee: Signer has not received.	3.1 A A Turfour	notion	<u> </u>			<u> </u>	
TowneBank b. Purpose c. Account Code Campaign Exp 01 d. Period Begin Balance s 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. FINITY (ASTEODY Printed Name of Signer Employee: Delivery Method Normal Mail Registered Mail Hand Delivered Employee: Date Scanned: Employee: Date Scanned: Employee: Signer has not received					the state of the s		
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is complete, true and correct and that I have been trained by the NC State Board of Elections. For Office Use Only Printed Name of Signer Signature of Appointed Treasurer Date	the NC General Sta	nites and that no fun	ds are comming	gled with prob	nibited or other	non-disclosed runa	s. I further certify that this report
Printed Name of Signer Signature of Appointed Treasurer Date				ed by the NC S	State Board of	Elections.	1-112-24
FOR OFFICE USE ONLY Date Received: Employee: Delivery Method Normal Mail Registered Mail Registered Mail Hand Delivered Electronically Filed Date Scanned: Employee: Signer has not received	-Emile	- CDC-10100				nted Treasurer	Date
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Amendment

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.

Employee:

Date Data Entered:

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

3. ID Number 1. Committee Full Name (and Fund if applicable) 2. Type of Report BCFW1J Year End Campaign to Elect Emily Castelow Total this January 1, Total this 2023 Start of Election Cycle: Election Cycle Reporting Period \$ 0 Cash on Hand at Start \$ (CRO-1205) **Aggregated Contributions from Individuals** 5) 648.40 \$ 648.40 \$ (CRO-1210) Contributions from Individuals 6) \$ \$ Contributions from Political Party Committees (CRO-1220) 7) (CRO-1230) **Contributions from Other Political Committees** \$ (CRO-1410) Loan Proceeds 9) \$ (CRO-1240) Refunds/Reimbursements To the Committee 10) 11) Other Receipt Sources \$ (CRO-1250) 11a) Interest on Bank Accounts S (CRO-1250) \$ 11b) Contributions from Not-for-Profit Organizations \$ (CRO-1250) 11c) Outside Sources of Income \$ (CRO-1270) 11d) Legal Expense Fund - Other Sources \$ (CRO-1265) 11 e) Exempt Purchase Price Sales \$ 648.40 648.40 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) 13) Disbursements 648.40 648.40 \$ (CRO-1310) 13a) Operating Expenditures \$ 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ \$ (CRO-1310) 13c) Coordinated Party Expenditures \$ (CRO-1315) 14) Aggregated Non-Media Expenditures \$ \$ (CRO-1420) Loan Repayments 15) \$ \$ Refunds/Reimbursements From the Committee (CRO-1320) 16) \$ (CRO-1510) \$ **In-Kind Contributions** 17) \$ TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 18) \$ \$ Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 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) (CRO-1620) 23) Debts and Obligations owed To the Committee (CRO-1720) **Account Transfers Within the Committee** 24) \$ (CRO-1710) **Administrative Support** 25) \$ (CRO-1440) 26) Forgiven Loans \$ \$ (CRO-2220) 48-Hour Notice Reports Sum 27) S Contributions to be Refunded (CRO-1215)

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Grandy, NC 27939					uck Co						
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CRO-1210

(This line must be on line 6 of Detailed Summary Page CRO-1106) NC State Board of Elections

April 2007

648.40

Amendment

				Amendment		
Disbursements	_	Pg	of 1	Yes	\boxtimes	No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	coordinated party ex						1,11	2. ID Number
1. Committee F	all Name (and Fund	и паррисавие)				·		BSFW1J
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(This line ones in	line 13c of Detailed Sur	nmary Page CRO-116	00 if Coo	rdinated Party E	xpendita	ures)		
7. Purnose Cod	les (List detailed ex	penditure code in	(h.) ab	ove)				
A* - Media	B* - Printing	C* - Fur	ıdraisin	g		D - To Anot		
E - Salaries	F* - Equipment	G - Polit		cal Party H* - Holdin				lic Office Expenses
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O* - Other				e field (l/)				
I * Codes requit	re detailed explanat	und in Leauilea i	: CINZI'X	IN SPECIAL PROPERTY.			•	

CANDIDATE FILING PACKET / CHECKLIST

FILING FORMS AND DOCUMENTS

- Voter Profile
- Notice of Candidacy, Nickname Affidavit (if applicable)
- Filing Fee (must pay by check if filing fee is \$50 or more)
- Signage and Electioneering Information
- Littering statutes

CAMPAIGN FINANCE

Additional forms can be found at www.ncsbe.gov in the Campaign Finance section.

Statement of Organization (CRO-2100A)** (The Certification of Treasurer form has been combined into Statement of Organization form-one document for BOTH)



- Treasurer Training Schedule or www.ncsbe.gov Campaign Finance section
 - Certification of Financial Account Information (CRO-3500)**

Candidates OVER \$1,000 Threshold:

- Organizational Disclosure Report (due within 10 days) www.ncsbe.gov

Candidates **UNDER** \$1,000 Threshold:

(If eligible)

Certification of Threshold (CRO-3600)**

2024 Candidate's Guide to Campaign Finance in North Carolina.

**Forms must be completed and retu	rned to Board of Elections within 10 days of filir	ng.
Your forms must be received by	12-14-23	•
Candidate acknowledges receipt o	f this information Emily Castelow	<u></u> .

Candidate Emily Castelow Date Filed 12-4-23

Statement of Organization (CRO-2100A)**

- Date Returned 12-13-23
- Certification of Financial Account Number (CRO-3500)**
- Date Returned <u>12-12-</u>23

Certification of Treasurer (CRO-3100)**

- Date Returned N/A
- Candidate Designation of Committee Funds (CRO-3900)** Date Returned 12-12-23

Candidates OVER \$1,000 Threshold:

Disclosure Report Cover (CRO-1000)**

Date Returned NA

Detailed Summary (CRO-1100)**

Date Returned NA

Organizational Disclosure Report

Date Returned N

Candidates **UNDER** \$1,000 Threshold: (if eligible)

Certification of Threshold (CRO-3600)**

Date Returned 12-12-33

Notes: