



# 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:

Committee to Elect Janet Rose

Treasurer Name:

Janet Rose

Treasurer Address:

212 Payners Rd

(include city, state, & zip)

Mejock, NC 27958

Treasurer Phone:

252-202-2921

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.

2/27/04  
Date Signed

Janet Rose  
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: Janet Williams Rose

Committee Name: Committee to Elect Janet Rose

Treasurer Name: Janet Williams Rose

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

Committee ID #: ICFHSK

Level Registered: [State] NC [County] Carr If county, specify: Carr

Janet Rose, hereby direct that in the event of my death or incapacity all 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.	_____	_____
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: Janet Williams Rose

Date: 12/21/23



# NORTH CAROLINA

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## STATE BOARD OF ELECTIONS

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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 Janet Rose  
Treasurer Name: Janet Rose  
Treasurer Address: 212 Payners Rd  
(include city, state, & zip) Moynock NC 27958  
  
Treasurer Phone: 252-202-2921

**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.

12/28/2023  
Date Signed

Janet Rose  
Signature

# 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 <i>Janet Williams Rose</i>			c. ID Number <i>1CFHSK</i>	
b. Mailing Address (include City, State and Zip Code) <i>212 Poyners Rd Mayock NC 27958</i>			d. Date Filed <i>2/27/24</i>	
			e. Phone Number <i>252-202-2921</i>	
2. Report Year <i>2024</i>	3. Period Start Date (mm/dd/yy) <i>01-01-24</i>	4. Period End Date (mm/dd/yy) <i>01-27-24</i>	5. Treasurer Full Name <i>Janet Williams Rose</i>	
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 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>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<b>State/County</b> <input type="checkbox"/> Organizational Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report <i>0</i>		10. Special Report Name		
<b>11. Account Information</b>		<b>11. Account Information</b>		
a. Financial Institution Full Name <i>State Employees Credit Union</i>		a. Financial Institution Full Name		
b. Purpose <i>Campaign</i>	c. Account Code <i>1215</i>	b. Purpose	c. Account Code	
	d. Period Begin Balance \$		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.				
<i>Janet Williams Rose</i> Printed Name of Signer		<i>Janet Williams Rose</i> Signature of Appointed Treasurer		<i>2/27/24</i> Date
<b>FOR OFFICE USE ONLY</b>				
Date Received: _____	Employee: _____	<b>Delivery Method</b>		
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed		
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Signer has not received mandatory training		
Date Data Entered: _____	Employee: _____			
<b>Please Note:</b> 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.				

# Contributions from Individuals

Pg 1 of 1 Amendment  Yes  No

*JWR*

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>	
Janet Committee to Elect Janet Rose						ICFHSK	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)  N/A				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$	
<b>5. Total of ALL CRO-1210 Pages</b>						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ -15-	

# Detailed Summary

Amendment  Yes  No JWR

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
Committee to Elect Janet Rose	Quarterly	ICFHSK
Start of Election Cycle: January 1, 2024	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	3319.03 \$ <del>3887.44</del>	\$ <del>444</del>
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ -0-	\$ -0-
6) Contributions from Individuals (CRO-1210)	\$ -0-	\$ -0-
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-
<b>11) Other Receipt Sources</b>		
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)	\$ -0-	\$ -0-
<b>EXPENDITURES</b>		
<b>13) Disbursements</b>		
13a) Operating Expenditures (CRO-1310)	\$ 1327.24	\$ 1327.24
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ -0-	\$ -0-
13c) 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)	\$ 1327.24	\$ 1327.24
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ -	\$ -
<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-	\$ -0-
26) Forgiven Loans (CRO-1440)	\$ -0-	\$ -0-
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ -0-	\$ -0-
28) Contributions to be Refunded (CRO-1215)	\$ -0-	\$ -0-

# 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>
Committee to Elect Janet Rose						ICFASK
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>						
<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						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Neighborhood Signs + Stickers LLC 6655 Amber-ton Drive, Suite L Elkridge MD 21075						
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 860.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
1215	credit card	B	01/10/24	\$ 860.00	Signs	
				\$		
<b>4. Payee 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. Coordinated Committee Name</b>		<b>d. Comments</b>
Home Depot - South Chesapeake Chesapeake, Va						
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1141.13
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
1215	credit card	F	01/28/2024	\$ 281.13	posts	
				\$		
<b>4. Payee 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. Coordinated Committee Name</b>		<b>d. Comments</b>
Sweet pea Designs Carotake Hwy Mayock NC 27958						
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1279.91
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
1215	check	B	02/12/2024	\$ 138.78	vinyl application	
				\$		
<b>5. Total only this Page</b>						\$ 1279.91
<b>6. Total of ALL CRO-1310 Pages</b>						\$
<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 (List detailed expenditure code in (h.) above)</b>						
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						
<b>* Codes require detailed explanation in required remarks field (k)</b>						

**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>
Committee to Elect Janet Rose						
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>						
<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 type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Office Max Elizabeth City NC 27909						
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1326.16	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
1215	CC	B	02/12/2024	\$ 46.25	copies	
				\$		
<b>4. Payee 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. Coordinated Committee Name</b>		<b>d. Comments</b>	
Office Max Elizabeth City NC 27909						
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1327.24	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
1215	Cash	B	02/21/2024	\$ 1.08	revised copy	
				\$		
<b>4. Payee 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. Coordinated Committee Name</b>		<b>d. Comments</b>	
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
				\$		
				\$		
<b>5. Total on this Page</b>					\$ 47.33	
<b>6. Total on all CRO-1310 Page</b>					\$ 1327.24	
<b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>						
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						
<b>8. Codes require detailed explanation in required remarks field (k)</b>						



# Disbursements

Pg \_\_\_\_ of \_\_\_\_

Amendment  
 Yes  No

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>	
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees			<input type="checkbox"/> Coordinated Party Expenditures		
<b>4. Payee 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. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						<b>e. Election Sum to Date</b>	
						\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>		<b>k. Required Remarks</b>	
				\$			
				\$			
<b>4. Payee 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. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						<b>e. Election Sum to Date</b>	
						\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>		<b>k. Required Remarks</b>	
				\$			
				\$			
<b>4. Payee 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. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						<b>e. Election Sum to Date</b>	
						\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>		<b>k. Required Remarks</b>	
				\$			
				\$			
<b>5. Total on this Page</b>						\$	
<b>6. Total of All CRO-1310 Pages</b>						\$	
<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>							
<b>A* - Media</b>	<b>B* - Printing</b>	<b>C* - Fundraising</b>	<b>D - To Another Candidate</b>				
<b>E - Salaries</b>	<b>F* - Equipment</b>	<b>G - Political Party</b>	<b>H* - Holding Public Office Expenses</b>				
<b>I - Postage</b>	<b>J - Penalties</b>	<b>K* - Office Expenses</b>	<b>Q* - Donation to Legal Expense Fund</b>				
<b>O* Other</b>							
<b>* Codes require detailed explanation in required remarks field (k)</b>							

# 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](http://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](http://www.ncsbe.gov) Campaign Finance section
- Certification of Financial Account Information (CRO-3500)\*\*
- Candidate Designation of Committee Funds (CRO-3900)\*\*

### Candidates OVER \$1,000 Threshold:

- Disclosure Report Cover (CRO-1000)\*\*
- Detailed Summary (CRO-1100)\*\*
- Organizational Disclosure Report (due within 10 days) [www.ncsbe.gov](http://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 returned to Board of Elections within 10 days of filing.**

Your forms must be received by 12/25/23 (12/22/23).

Candidate acknowledges receipt of this information Janet Williams Rose.

Candidate Janet Rose Date Filed 12-15-23

- o Statement of Organization (CRO-2100A)\*\* Date Returned 12-27-23
- o Certification of Financial Account Number (CRO-3500)\*\* Date Returned 12-27-23
- o ~~Certification of Treasurer (CRO-3100)\*\*~~ Date Returned
- o Candidate Designation of Committee Funds (CRO-3900)\*\* Date Returned 12-27-23

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

- o Disclosure Report Cover (CRO-1000)\*\* Date Returned N/A
- o Detailed Summary (CRO-1100)\*\* Date Returned N/A
- o Organizational Disclosure Report Date Returned N/A

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

- o Certification of Threshold (CRO-3600)\*\* Date Returned 12-28-23

Notes: