

## North Carolina

#### State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

#### **Certification to Return to Active Status**

This Certification is used by Candidate, Party, PACs and Referendum Committees which have previously filed the Certification of Inactive Status and now wish to return to an active status.

FILED BY:	
Committee Name:	Tector for School Board
Treasurer Name:	Jesemy Teetor 239 Harden St
Treasurer Address:	239 Harden St
(include city, state, & zip)	Burlington, NC 27215
	4
Treasurer Phone:	334-380-4553

I certify that the above named candidate/political committee, which has been of **inactive status** and exempt from filing disclosure reports, intends to accept contributions and/or make expenditures. This intention of activity alters the status of the above named candidate/political committee to **active status** and requires such committee to begin filing disclosure on the appropriate schedule. All contributions received and/or expenditures made that have not been previously reported will be disclosed on the next scheduled report and all subsequent reports will be filed as scheduled. An amended Statement of Organization (CRO-2100 A-G) must accompany this form.

02/17/14 Date Signed

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

# Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee. This form must be accommanied by forms CRO-3100 and CRO-3500 (when a community or committee).

Amendment	
✓ Yes	☐ No

NAME OF TAXABLE PARTY.	AND DESCRIPTION OF THE PERSON	THE RESERVE THE PARTY OF THE PA	SHOW MANY THE	ly re-submit if applicable).	
mation		海里地區有關國際的		c. ID Number	
a. Full Name					
School Boa	rd				
ade City, State and Zip C	lode)			d. Date Organized	
St				2/17/14	
NC				e. Phone Number	
				334-380-6553	
nation			Section Section 25 Committee Section	late's Primary Committee	
		e. Candidate ID Number	er	f. Party Affiliation	
Wayne	Teetor			Non-Partisan (Indicate Non-partican if applicable)	
SHOULD SHOULD SEE ON SOME HIS BY STATE OF THE SEE	Code)	g. Office Sought			
5+		(1)	1		
c 27215		200001 P	and the second s		
d. Email Address		h. Next Election Year		i. Jurisdiction	
Jesemutectora	amailycom	2014		county	
otices	g.ii			•	
nation		4. Custodian of Bo	oks Info	rmation	
		a. Full Name			
	Code)				
5+	1	- , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
27215		Burlington,	NU 12	17215	
d. Email Address		c. Phone Number	d. Email A	Address	
notices by email		Contract of the last of the la	The second second		
er Information	· · · · · · · · · · · · · · · · · · ·		A CONTROL OF THE STREET	(incl. CRO-3500) Add	
	(CH-OS)	CONTRACTOR AND	Medical editions runs	e Remove	
		the Ban	IK_		
de City, State, and Zip C	Code)	b. Purpose			
		Manage Car	nfaigh	h Cash flow	
d. Email Address		c. Account Code	d. Type		
		)	0	Land Work	
		1	Dus	iness checking	
notices					
ommittee or Fund is in	n compliance with a	Il applicable provisi	ons of Ar	ticle 22A, 22B & 22D-22M of	
I further certify that this report is complete, true and correct.					
Jereny Teetor Janey Man John John John Date					
	School Boarde City, State and Zip Contact State St	School Board  ade City, State and Zip Code)  Standard Teetor  ade City, State, and Zip Code)  A C 27215  d. Email Address  Determine Teetor  ade City, State, and Zip Code)  A C 27215  d. Email Address  Determine Teetor  ade City, State, and Zip Code)  A C 27215  d. Email Address  Determine Teetor  and City, State, and Zip Code)  Add  Remove  and City, State, and Zip Code)  d. Email Address  Determine Teetor Of Mail Commentices by email Yes No  and Remove  and City, State, and Zip Code)  d. Email Address  motices  motice	School Board  ade City, State and Zip Code)  Strol  NC  Teetor  ade City, State, and Zip Code)  Strol  A. Custodian of Board  a. Full Name  School B  A. Custodian of Board  A. Custodian of Board  A. Custodian of Board  A. Full Name  Suppose Teetor  A. Custodian of Board  A. Full Name  Suppose Teetor  A. Custodian of Board  A. Full Name  Suppose Teetor  A. Custodian of Board  A. Full Name  Suppose Teetor  A. Custodian of Board  A. Full Name  Suppose Teetor  A. Custodian of Board  A. Full Name  Suppose Teetor  A. Custodian of Board  A. Full Name  Suppose Teetor  A. Custodian of Board  A. Full Name  Suppose Teetor  A. Custodian of Board  A. Full Name  Suppose Teetor  A. Custodian of Board  A. Full Name  Suppose Teetor  A. Custodian of Board  A. Full Name  Suppose  Board  A. Custodian of Board  A. Full Name  Suppose  Board  A. Custodian of Board  A. Full Name  Suppose  Board  A. Custodian of Board  A. Full Name  Suppose  Board  A. Custodian of Board  A. Full Name  Suppose  Board  A. Custodian of Board  A. Full Name  Suppose  Board  A. Custodian of Board  A. Custodian of Board  A. Full Name  Suppose  Board  A. Custodian of Board  A. Full Name  Suppose  Board  A. Custodian of Board  A. Custodian of Board  A. Full Name  Board  A. Custodian of Board  A. Custodian of Board  A. Full Name  Board  A. Custodian of Board  A.	School Board ade City, State and Zip Code)  Strong  Mation    Candidate ID Number	



#### North Carolina

#### State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

#### **Certification of Treasurer**

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

FILED BY:	
Candidate Name:	Jeremy Teetor
Treasurer Name:	Jeremy Teetor Jeremy Teetor
Treasurer Address:	239 Harden St
(include city, state, & zip)	Builington, NC 27215
Treasurer Phone:	336-380-6553
T .10 .11 1 1 C	

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).

Date Signed

Date Signed

Date Signed

Date Signed

Date Signed

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



### North Carolina

#### State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Car	ndidate Designation of	Committee Funds	
	date committees only and allows the case are to be disbursed using the eight all		
Candidate Name:	Jeremy Teetor		<u> </u>
Committee Name:	Jesemy Teetor Teetor for School Bo	ard	
Treasurer Name:	Jesemy Tector		
	easurer, designate an agent to ca		
Committee ID #:			
Level Registered:	[State] [County] If county, spec	ify: Alamance	
Name o		-278.16B(a). an for Disbursement (eg	Amount or %)
(Select from	§163-278,16B(a))	1000	
2	<u> </u>	<u></u>	
3			
J	<del></del>		
	I certify that the foregoing entition 16B(a). A copy of this form show		
Signature of Candidate	e: Joneny Teston		
Date:	2/17/14	<u> </u>	
Note: This Designation	n is to be filed with the Election Board w	here the committee's campaign r	eports are filed.
CRO-3900	Candidate Designation of	Committee Funds	May 2013

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.

1. Committee Information						
a. Full Name					I no jne sketi	c. ID Number
Teetor for School Board						
b. Mailing Address (include City, State and Zip Code)  d. Date Filed						d. Date Filed
239 Harden St						07124114
Burlington, NC						e. Phone Number
Burlington, NC 27215						334-380-4553
2. Report Year 3. Period Start	Date (mm/dd/yy)	4. Period I	End Date	(mm/dd/yy)	5. Treasure	er Full Name
	-014	02121			Jesemu	
6. Type of Committee (Check C					type of repo	rt from one category)
Candidate Campaign Part		inicipal		tate/County		Referendum
	erendum	Organizationa		Organizati	onal	Organizational
Legal Expense Fund	t Fundraiser	Thirty-five da Pre-primary	у	Quarterly First		Pre-referendum Final
Legal Expense Fund	I⊨		li:	Secon	nd	Supplemental Final
7. Type of Fund (if applicable,		COUNTY COLUMN TO A STATE OF THE	li	Third		Annual
Booster Fund	Managara Masa Zanasani	Semi-annual	li	Fourt		Special
☐ Building Fund		Mid Yea	r	Semi-annu	ial	
	l i	Year End	i   [	] Mid	Year	10. Special Report Name
Other:		Final	Ĭ	Year	End	pp. Colored Action (1995) allowers Action (1995)
8. Number of Fundraisers this	Report	Special		Final		
				☐ Special		
11. Account Information			11. Acco	unt Inform	ation	
a. Financial Institution Full Name				l Institution	TARREST ASSESSMENT	Manageria (1981) 29 (1987) (1985) (1987) (1987) (1987) (1987) (1987) (1987) (1987) (1987) (1987) (1987) (1987)
PNC Bank						
b. Purpose	c. Account Code		b. Purpose			c. Account Code
Manage Campaigh	1					
cosh flow	d. Period Begin Ba	alance				d. Period Begin Balance
***	\$ 744.5					\$
CEDTIFICATION	\$ 1991.5	0	ar ar a say a say a			φ
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.						
Jeiemy leetoi	•	Yggar		lecor		2-24-14
Punted Name of Signa	er	Sign	nature of Ap	pointed Treasu	urer	Date
FOR OFFICE USE ONLY	15 111			11		
Date Received: $\frac{\lambda}{2}$	-25-14	Employ	ree: _\	16		<u>very Method</u> Normal Mail
Date Postmarked:		Employ	ree:			Registered Mail Hand Delivered
Date Scanned:		Employ	ree:		_ 6	Electronically Filed
Date Data Entered:		Employ	ee:			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.						

CRO-1000

NC State Board of Elections

August 2008

1. Committee Full Name (and Fund if applicable)	2. Type of	Report	3. ID Number
Teetor for School Board	Organ	rational	
Start of Election Cycle: January 1, <u>2010</u>	-	Total this Reporting Perio	Total this d Election Cycle
4) Cash on Hand at Start		\$ 14458	\$744,58
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 5.00	\$ 5,00
7) Contributions from Political Party Committees	(CRO-1220)	\$0.00	\$0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$744.58	\$744.58
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 000
11) Other Receipt Sources			<b>後 課題的報酬</b>
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ O.OD
11c) Outside Sources of Income	(CRO-1250)	\$ 0-00	\$ O · OO
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ O · OO
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c	,11d and 11e)	\$ 749,58	\$ 749,58
<u>EXPENDITURES</u>			
13) Disbursements		<b>MATERIAL</b>	(a) [FATT] in a particular
13a) Operating Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ ().00	\$0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 000	\$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 0,00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 6.00	\$0,00
17) In-Kind Contributions	(CRO-1510)	\$ 5.00	\$ 5,00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 5.00	\$ 5.80
19) Cash on Hand at End (Add lines 4 and 12 together, then su	otract line 18)	\$ 744.58	\$74458
<u>ADDITIONAL INFORMATION</u>			MENINENE SE
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ ()· ()()	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$0.0 <u>0</u>	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$000	n a sandra Siste
24) Account Transfers Within the Committee	(CRO-1720)	\$0,00	
25) Administrative Support	(CRO-1710)	\$0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0 00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$0.00	\$0.00

Contributions from Individuals  Pg of Amendment No  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) 2. ID Number						
		School P	roard	· · · · □ p			
	tributor Informa		<u>L</u> _	Add Rei	move	la c	Conuments
	de city, state, & zip)					10. C	onments
Jeremy Tector  Assistant Bursar c. Employer's Name/Specific Field  Elon  Burling ton, NC  77215  Assistant Bursar c. Employer's Name/Specific Field  Elon  University  \$ 5.00							
230	1 Horden	St		Elon		- F	lection Sum to Date
Bu	rlington, 1 1215	VC		Universit	ry		5.66
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	/ <b>y</b> )	k. Amount
	ļ	Check	Filing Fe	ee	02/17/1901	4	\$ 5.00
							\$
		ļ					\$
3. Cont	tributor Informa	ation		Add Rer	move		
	ame, Mailing Addre			b. Job Title/Profes	ssion	d. C	omments
(inciua	le city, state, & zip)			-			
			!	c. Employer's Nan	ne/Specific Field		
				1			lection Sum to Date
	·		<u> </u>			\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	<b>y</b> )	k. Amount
							\$
							\$
		1					\$
3. Cont	ributor Informa	ıtion		Add Ren	nove		
	ame, Mailing Addres	ss & Phone		b. Job Title/Profes	ssion	d. C	omments
(Inciuu	le city, state, & zip)						
				c. Employer's Nan	ne/Specific Field		
						e. Ei	lection Sum to Date
I		I	<u> </u>			\$	
	g. Account Code	h. Form of Payment	i. In-Kind Descript	tion	j. Date (mm/dd/yyy	<u>y)</u>	k. Amount
			<u> </u>				\$
							\$
							\$
	al only this Pa					\$	5.00
		O-1210 Pages				\$	5.00

CRO-1210

#### Contributions from Other Political Committees □ No Yes Use this form to report contributions from other candidate, referendum or PAC committees 1. Committee Full Name (and Fund if applicable) 2. ID Number tor Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) Candidate Je remy Teetor for County Commissioner c. Level Registered (Specify) ✓ County: Burlington, NC 27915 State Municipality: e. Election Sum to Date 334-380-4553 i. Date (mm/dd/yyyy) j. Amount h. In-Kind Description f. Account Code g. Form of Payment Check \$ 744.58 4106/46/60 \$ ☐ Add ☐ Remove 3. Contributor Information b. Type of Committee d. Comments a. Full Name, Mailing Address & Phone Candidate PAC (include city, state, & zip) Referendum c. Level Registered (Specify) Federal County: e. Election Sum to Date Municipality: ☐ State i. Date (mm/dd/yyyy) j. Amount g. Form of Payment h, In-Kind Description f. Account Code \$ \$ □ Remove Add 3. Contributor Information b. Type of Committee d. Comments a. Full Name, Mailing Address & Phone Candidate PAC (include city, state, & zip) Referendum c. Level Registered (Specify) Federal County: e. Election Sum to Date Municipality: State i. Date (mm/dd/yyyy) j. Amount h, In-Kind Description f. Account Code g. Form of Payment \$ 744,58 4. Total only this Page 5. Total of ALL CRO-1230 Pages \$ 744,58 (This line must be on line 8 of Detailed Summary Page CRO-1100)

Amendment

<b>In-Kind Contributions</b>		Pg	of		Yes No
Use this form to report non-monetary contributions, donations, go Use CRO-1215 if In-Kind Contributions were or will be ref				tee o	r fund.
1. Committee Full Name (and Fund if applicable)	Hillinge	u widilii / uay	ა	2. I	D Number
Teetor for School Board					
166tor for School Board  3. Contributor Information	<b>7</b> A	dd 🔲 Ren	nove.	<u> </u>	
a. Full Name, Mailing Address & Phone		Type of Contrib		c. C	omments
(include city, state, & zip)		Individual			
Jesemy Teetor 239 Harden St Burlington, NC 27215		Candidate Party			
239 Harden St		PAC			
Buchnation NC 27215		Referendum		d. E	lection Sum to Date
Dom mig (on) /V = V ··· · ·	L	Other Receipt	Source	\$	5,00
e. Description		·	f. Date (mm/dd/yy)		g. Fair Market Amount
Tallian Fa					\$ 5.00
tiling tee			09/17/3017	<u> </u>	
-					\$
					\$
3. Contributor Information	_ A	dd 🔲 Ren	nove		1
a. Full Name, Mailing Address & Phone	b.	Type of Contrib	utor	c. C	omments
(include city, state, & zip)	E	Individual Candidate			
	l⊨	Party			
		PAC		l	
	l⊑	Referendum		d. E	lection Sum to Date
	ୢ୷	Other Receipt	Source	\$	
e. Description		•	f. Date (mm/dd/yy	/y)	g. Fair Market Amount
					\$
					\$
					\$
5. Contributed American			nove		
a. Full Name, Mailing Address & Phone	b.	Type of Contrib Individual	utor	c. C	omments
(include city, state, & zip)	╝	Candidate			
	∣⊏	Party			
		PAC			N. d. C. d. D.d.
	╶┟	Referendum Other Receipt	Source		Clection Sum to Date
				\$	
e. Description			f. Date (mm/dd/yy	уу)	g. Fair Market Amount
					\$
					\$
					\$
4. Total only this Page				\$	5.00
5. Total of ALL CRO-1510 Pages				\$	5.00

Amendment

(This line must be on line 17 of Detailed Summary Page CRO-1100)