

Statement of Organization - Candidate Committee

Amendment
 Yes No

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 re-submit if applicable).

1. Committee Information					
a. Full Name			c. ID Number		
Robert L Simpson for County Commission #1					
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
413 Smith Street Burlington, NC 27217			2-29-18		
			e. Phone Number		
			336-266-3820		
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
Robert L Simpson				Republican <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
413 Smith St Burlington NC 27217			County Commissioner		
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
266-3820	RLS_NCGOP@yahoo.com	2018		Alamance County	
<input type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
Robert L Simpson			Robert L Simpson		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
413 Smith St Burlington NC 27217			413 Smith St. Burlington NC 27217		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
266-3820	RLS_NCGOP@yahoo.com	266-3820	RLS_NCGOP@yahoo.com		
I prefer to receive notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name		
N/A			Capital Bank		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
			Political		
c. Phone Number	d. Email Address	c. Account Code	d. Type		
		RLSAC	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.					
Robert L Simpson		Robert L Simpson		3-1-18	
Printed Name of Signer		Signature of Appointed Treasurer		Date	



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

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:

Robert L Simpson

Treasurer Name:

Robert L Simpson

Treasurer Address:

413 Smith St.

(include city, state, & zip)

Burlington, NC 27219

Treasurer Phone:

336-266-3820

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).

3-6-18

Date Signed

Robert L Simpson

Signature of Candidate

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 Robert L Simpson for County Commissioner	c. ID Number
b. Mailing Address (include City, State and Zip Code) 413 Smith Street Burlington, NC 27217	d. Date Filed 3-7-18
	e. Phone Number 336 266 3820

2. Report Year 2018	3. Period Start Date (mm/dd/yy) 2-27-18	4. Period End Date (mm/dd/yy) 3-7-18	5. Treasurer Full Name Robert L Simpson
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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"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	Semi-annual	10. Special Report Name
8. Number of Fundraisers this Report		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name Capital Bank		a. Financial Institution Full Name Capital Bank	
b. Purpose checking	c. Account Code RUSAC	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 0		d. Period Begin Balance \$

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.

Robert L Simpson _____ 3-7-18
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 3-7-18 Employee: JG Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: _____ Employee: _____
 Signer has not received mandatory training

Date Scanned: 3-7-18 Employee: JG

Date Data Entered: _____ Employee: _____

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.

03-07-18A11:26 REF:

Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
Robert L Simpson for County Commissioner		Organizational			
Start of Election Cycle: January 1, 2015		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 1505.00		\$ 1505.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$ 2547.60		\$ 2547.60	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 4052.60		\$ 4052.60	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$		\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$ 105.00		\$ 105.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 105.00		\$ 105.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 3947.60		\$ 3947.60	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

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)						2. ID Number	
Robert L Simpson full County Commissionery							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Bill Lashley 213-4112 2212 Coy Street Burlington, NC 27215				Retired			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 800.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	RL9AC	check		3/1/18	\$ 800.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Joyce Dannel 227-9147 2985 Rocky Cliff Trail Burlington, NC 27215				Retired			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	RL9AC	check		3/1/18	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Roger Owens 376-9288 8110 Coble Mill Road Snow Camp, NC 27349				entrepreneur			
				c. Employer's Name/Specific Field			
				self employed		e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	RL9AC	check		3/4/18	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1400.00	
5. Total of ALL CRO-1210 Pages						\$ 1505.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
Robert L Simpson for County Commissioner						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Robert L Simpson 266-3820 413 Smith St. Burlington, NC 27217				Hospital Aide		Billing fee
				c. Employer's Name/Specific Field		
				UNC medical center		e. Election Sum to Date
						\$ 105.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	RSAC	check ^{in kind}	Billing fee	2/27/18	\$ 105.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <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"/>					\$	
3. Contributor Information <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"/>					\$	
4. Total only this Page						\$ 105.00
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 1505.00

Contributions from Other Political Committees

Pg 1 of 1 Amendment Yes No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Robert L Simpson for County Commissioner					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
Committee to elect 213-4112 Bill Lashley County Commissioner 2212 Coy St. Burlington, NC 27813			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 2547.60
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
RISAC	check		2/23/18	\$ 2547.60	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 2547.60	
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 2547.60	

In-Kind Contributions

Pg 1 of 1 Amendment Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Robert L Simpson for County Commissioner			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Robert L Simpson 266-3820 413 Smith St. Burlington, NC 27217		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		filing fee	
		d. Election Sum to Date	
		\$ 105.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
filing fee		2/27/18	\$ 105.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 105.00	
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		\$ 105.00	