

# Statement of Organization - Candidate Committee

Is this statement:  
 New     Amended

Use this form to create a new or update an existing candidate committee.  
 This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information					
a. Name of Committee				d. ID Number	
FRIENDS OF CRAIG TURNER				N/A	
b. Mailing Address (include City, State and Zip Code)				e. Date Organized	
124 LOCHMADDY DRIVE, BURLINGTON, NC 27215				6/10/21	
c. Committee Website (Optional)				f. Phone Number	
N/A				336 212-2226	
2. Candidate Information					
a. Full Name			e. Party Affiliation		
WILLIAM CRAIG TURNER, JR.			REPUBLICAN		
b. Mailing Address (include City, State, and Zip Code)			f. Office Sought		
124 LOCHMADDY DRIVE BURLINGTON, NC 27215			ALAMANCE COUNTY COMMISSIONER		
c. Phone Number		d. Email Address		g. Next Election Year	
336 212-2226		cturner@foxrothschild.com		2022	
<input checked="" type="checkbox"/> Email copy of report notices			h. Jurisdiction		
3. Treasurer Information			4. Assistant Treasurer Information		
a. Full Name			a. Full Name		
LORENE <sup>KAY</sup> NIESSE			N/A		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State and Zip Code)		
2824 FORESTDALE DRIVE BURLINGTON, NC 27215					
c. Phone Number		d. Email Address		c. Phone Number	
336 260-0902		loreneniese@yahoo.com			
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Email copy of report notices		
5. Custodian of Books Information (Keeper of Records)			6. Account Information (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name		
LORENE <sup>KAY</sup> NIESSE			FIRST HORIZON BANK		
b. Mailing Address (include City, State, and Zip Code)					
2824 FORESTDALE DRIVE BURLINGTON, NC 27215					
c. Phone Number		d. Email Address		b. Account Code	
336 260-0902		loreneniese@yahoo.com		T9595	
<input checked="" type="checkbox"/> Email copy of report notices			c. Type		
			CHECKING		

RECEIVED  
 JUN 18 2021  
 ALAMANCE COUNTY  
 BOARD OF ELECTIONS

I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.

LORENE <sup>KAY</sup> NIESSE  
Printed Name of Treasurer

Signature of Appointed Treasurer

6/18/21  
Date

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

WILLIAM CRAIG TURNER, JR.  
Printed Name of Candidate

Signature of Candidate

6/18/21  
Date

# 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 <b>FRIENDS OF CRAIG TURNER</b>	c. ID Number <b>T9595</b>
b. Mailing Address (include City, State and Zip Code) <b>124 COCHMADY DRIVE BURLINGTON, NC 27215</b>	d. Date Filed <b>6/18/21</b>
	e. Phone Number <b>336 212-2226</b>

2. Report Year <b>2021</b>	3. Period Start Date (mm/dd/yy) <b>6/10/21</b>	4. Period End Date (mm/dd/yy) <b>6/18/21</b>	5. Treasurer Full Name <b>LORENE KAY NEESE</b>
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State/County	<input type="checkbox"/> 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
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	Semi-annual	
		<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	

<b>7. Type of Fund (if applicable, check one)</b>		<b>10. Special Report Name</b>	
<input type="checkbox"/> Booster Fund	<input type="checkbox"/> Building Fund		
<input type="checkbox"/> Other:			
<b>8. Number of Fundraisers this Report</b> <b>0</b>			
<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name <b>FIRST HORIZON BANK</b>	a. Financial Institution Full Name <b>FIRST HORIZON BANK</b>	b. Purpose <b>CAMPAIGN COMMITTEE</b>	b. Purpose <b>CAMPAIGN COMMITTEE</b>
b. Purpose	c. Account Code <b>T9595</b>	c. Account Code <b>T9595</b>	d. Period Begin Balance <b>\$ 60.00</b>
	d. Period Begin Balance <b>\$ 0</b>		

**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.

LORENE KAY NEESE      Lorene Kay Neese      6/18/21  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

Date Received: <u>6/18/21</u>	Employee: <u>TTF</u>	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: <u>8/23/2021</u>	Employee: <u>JG</u>	
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.

# Detailed Summary

Amendment  
 Yes  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	
FRIENDS OF CRAIG TURNER		ORGANIZATION			
Start of Election Cycle: January 1, <u>2021</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ <u>0</u>		\$ <u>0</u>	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ <del>60.00</del>		\$ <del>60.00</del>	
6) Contributions from Individuals (CRO-1210)		\$ <u>60.00</u>		\$ <u>60.00</u>	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
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)		\$ <u>60.00</u>		\$ <u>60.00</u>	
<b>EXPENDITURES</b>					
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)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ <u>0</u>		\$ <u>0</u>	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ <u>60.00</u>		\$ <u>60.00</u>	
<b>ADDITIONAL INFORMATION</b>					
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)		\$		\$	

JUN 18 2021

ALWAYS BE COURTEOUS

# Contributions from Individuals

Pg 1 of 1 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	
FRIENDS OF CRAIG TURNER							
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	
WILLIAM CRAIG TURNER, JR. 124 LOCHMADBY DR BURLINGTON, NC 27215				ATTORNEY		CANDIDATE	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				FOX ROTHSCHILD LLP		\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	T9595	CASH draft		06/10/2021	\$ 60.00		
<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						\$ 60.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 60.00	

JUN 13 2021