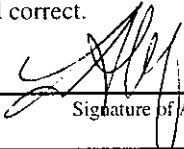


Statement of Organization - Referendum Committee

Amendment
 Yes No

Use this form to create a new or update an existing referendum committee.

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

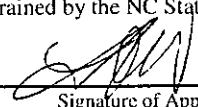
1. Committee Information			
a. Full Name		c. ID Number	
Lisa A. Wolff		222527642	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
1836 Dunbar Place Burlington, NC 27215		10-4-2024	
		e. Phone Number	
		336-524-3097	
2. Referendum Information			
a. Full Name		b. Date of Referendum	c. Declaration
City of Burlington Parks and Recreation Bonds		11-5-2024	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Lisa A. Wolff-I collected checks payable to Accelerated Graphics for cost of signs.		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
Same as above		N/A	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
Same as above	kulawolff@gmail.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			
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
N/A			
c. Phone Number	d. Email Address	c. Account Code	d. Type
<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.			
Lisa A. Wolff			10-22-2024
Printed Name of Signer		Signature of Appointed Treasurer	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.

1. Committee Information			
a. Full Name Lisa A Wolff		c. ID Number 2024-52-7642	
b. Mailing Address (include City, State and Zip Code) 1836 Dunbar Place Burlington, NC 27215		d. Date Filed 10-4-2024	
		c. Phone Number 336-524-3097	
2. Report Year 2024	3. Period Start Date (mm/dd/yy) 10-1-2024	4. Period End Date (mm/dd/yy) 11-5-2024	5. Treasurer Full Name NA
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
Candidate Campaign Party PAC <input checked="" type="checkbox"/> Referendum Independent Expenditure Joint Fundraiser Legal Expense Fund		Municipal Organizational Thirty-five day Pre-primary Pre-election Pre-runoff Semi-annual Mid Year Year End Final Special	
7. Type of Fund (if applicable, check one)		State/County	
Booster Fund Building Fund <input checked="" type="checkbox"/> Other:		Organizational Quarterly First Second Third Fourth Semi-annual Mid Year Year End Final Special	
8. Number of Fundraisers this Report		10. Special Report Name	
		Grassroots Burlington Bond	
11. Account Information		11. Account Information	
a. Financial Institution Full Name N/A		a. Financial Institution Full Name	
b. Purpose N/A	c. Account Code N/A	b. Purpose	c. Account Code
	d. Period Begin Balance		d. Period Begin Balance
	\$ N/A		\$
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.			
Lisa A. Wolff Printed Name of Signer		 Signature of Appointed Treasurer	10/22/2024 Date
FOR OFFICE USE ONLY			
Date Received: _____	Employee: _____	Delivery Method	
Date Postmarked: _____	Employee: _____	Normal Mail	
Date Scanned: _____	Employee: _____	Registered Mail	
Date Data Entered: _____	Employee: _____	Hand Delivered	
		Electronically Filed	
		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.			

Contributions Made to Registered Committees

Use this form to report Contributions within 30 days after they exceed \$100 or 10 days before an election they affect. The term Contribution includes anything of value given to a registered committee including monetary, and in kind coordinated expenditures.

1. Committee Receiving Contribution

a. Full Name, Mailing Address (include city, state, and zip) & Phone Number Ronnie K. Wall 613 Meadowood Drive Burlington, NC 27215			b. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Muni		
c. Item Number 2168	d. Form of Payment Check	e. Description Payment to Accelerated Graphics	f. Date (mm/dd/yyyy) 10-8-2024	g. Amount \$ 225.00	h. Election Sum to Date \$ 225.00
If Form of Payment above is In Kind provide information on Vendor Paid below.					
i. Full Name, Mailing Address (include city, state, and zip) & Phone Number Accelerated Graphics 412 Bradley Street Burlington, NC 27215					
j. Date Vendor Paid 10-9-2024					
k. Amount \$ 225.00					

1. Committee Receiving Contribution

a. Full Name, Mailing Address (include city, state, and zip) & Phone Number Shawn Cummings 716 S. Fifth Street Mebane, NC 27302			b. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Muni		
c. Item Number 4220	d. Form of Payment Check	e. Description Payment to Accelerate Graphics	f. Date (mm/dd/yyyy) 10-7-2024	g. Amount \$ 1000.00	h. Election Sum to Date \$ 1000.00
If Form of Payment above is In Kind provide information on Vendor Paid below.					
i. Full Name, Mailing Address (include city, state, and zip) & Phone Number Accelerated Graphics 412 Bradley Street Burlington, NC 27215					
j. Date Vendor Paid 10-9-2024					
k. Amount \$ 1000.00					

2. Total Disbursements THIS Page

(sum all the 'If entries on this page)

\$ 1225.00

3. Total Disbursements ALL Pages

(sum all the 'If entries on all disbursement pages)

\$

Contributions Made to Registered Committees

Use this form to report Contributions within 30 days after they exceed \$100 or 10 days before an election they affect. The term Contribution includes anything of value given to a registered committee including monetary and in kind coordinated expenditures.

1. Committee Receiving Contribution

a. Full Name, Mailing Address (include city, state, and zip) & Phone Number				b. Level Registered	
Harold T. Owen 223 Engleman Avenue Burlington, NC 27215				<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Muni	
c. Item Number	d. Form of Payment	e. Description	f. Date (mm/dd/yyyy)	g. Amount	h. Election Sum to Date
10222	Check	Payment to Accelerated Graphics	10-8-2024	\$ 225.00	\$ 225.00
If Form of Payment above is In Kind provide information on Vendor Paid below.					
i. Full Name, Mailing Address (include city, state, and zip) & Phone Number					
Accelerated Graphics 412 Bradley Street Burlington, NC 27215					
j. Date Vendor Paid					
10-9-2024					
k. Amount					
\$ 225.00					

1. Committee Receiving Contribution

a. Full Name, Mailing Address (include city, state, and zip) & Phone Number				b. Level Registered	
Ryan D. Moffitt 441 Fieldstone Drive Burlington, NC 27215				<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Muni	
c. Item Number	d. Form of Payment	e. Description	f. Date (mm/dd/yyyy)	g. Amount	h. Election Sum to Date
1107	Check	Payment to Accelerate Graphics	10-8-2024	\$ 250.00	\$ 250.00
If Form of Payment above is In Kind provide information on Vendor Paid below.					
i. Full Name, Mailing Address (include city, state, and zip) & Phone Number					
Accelerated Graphics 412 Bradley Street Burlington, NC 27215					
j. Date Vendor Paid					
10-9-2024					
k. Amount					
\$ 250.00					

2. Total Disbursements THIS Page (sum all the 'h' entries on this page) \$ 475.00

3. Total Disbursements ALL Pages (sum all the 'h' entries on all disbursement pages) \$

Contributions Made to Registered Committees

Use this form to report Contributions within 30 days after they exceed \$100 or 10 days before an election they affect. The term Contribution includes anything of value given to a registered committee including monetary and in kind coordinated expenditures.

1. Committee Receiving Contribution

a. Full Name, Mailing Address (include city, state, and zip) & Phone Number
 Kimberley Michelle Butler
 520 Meadowood Drive Burlington, NC
 27215

c. Item Number	d. Form of Payment	e. Description	f. Date (mm/dd/yyyy)	g. Amount	h. Election Sum to Date
11719	Check	Payment to Accelerated Graphics	10-7-2024	\$ 300.00	\$ 300.00

If Form of Payment above is In Kind provide information on Vendor Paid below.

i. Full Name, Mailing Address (include city, state, and zip) & Phone Number
 Accelerated Graphics
 412 Bradley Street
 Burlington, NC 27215

j. Date Vendor Paid
 10-9-2024

k. Amount
 \$ 300.00

b. Level Registered
 Federal County
 State Muni

1. Committee Receiving Contribution

a. Full Name, Mailing Address (include city, state, and zip) & Phone Number
 NC Softball

c. Item Number	d. Form of Payment	e. Description	f. Date (mm/dd/yyyy)	g. Amount	h. Election Sum to Date
	Check	Payment to Accelerated Graphics		\$ 250.00	\$ 250.00

If Form of Payment above is In Kind provide information on Vendor Paid below.

i. Full Name, Mailing Address (include city, state, and zip) & Phone Number
 Accelerated Graphics
 412 Bradley Street
 Burlington, NC 27215

j. Date Vendor Paid
 10-14-2024

k. Amount
 \$ 250.00

b. Level Registered
 Federal County
 State Muni

2. Total Disbursements THIS Page

(sum all the 'f' entries on this page) \$ 550.00

3. Total Disbursements ALL Pages

(sum all the 'f' entries on all disbursement pages) \$ 2,250.00