

Statement of Organization - Candidate Committee

Is this statement:

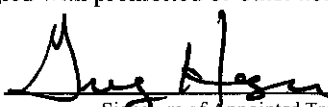
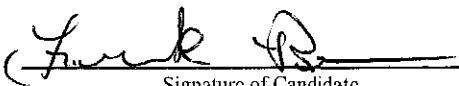
☒ New

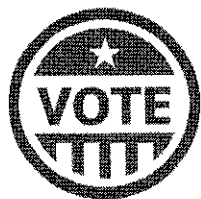
☐ Amended

7/20/25 AM 10:11

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	
Frank Runyon for Lincoln County Clerk of Court			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
1886 Cullendale Ct. Crouse NC		07/01/2025	
c. Committee Website (Optional)		f. Phone Number	
Frank Runyon for Lincoln County Clerk of Court		980-429-5066	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Frank L. Runyon		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1886 Cullendale Ct. Crouse NC 28033		Clerk of Clerk	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
980-429-5066	lynnette491@yahoo.com	2026	Lincoln County
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Greg Hager		Kelly Hager	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
609 Mt. Zion Ch Rd Alexis NC 28006		609 Mt. Zion Ch Rd Alexis NC 28006	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-530-8120	Gkhager@charter.net	704-530-0262	Gkhager@charter.net
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" 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	
Lynnette Runyon		First Federal Savings Bank	
b. Mailing Address (include City, State, and Zip Code)			
1886 Cullendale Ct. Crouse NC 28033			
c. Phone Number	d. Email Address	b. Account Code	c. Type
980-241-1787	lynnette491@yahoo.com	1	Checking
<input checked="" type="checkbox"/> Email copy of report notices			
<p>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.</p> <p>Greg Hager Printed Name of Treasurer  Signature of Appointed Treasurer 07/07/2025 Date</p> <p>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.</p> <p>Frank Runyon Printed Name of Candidate  Signature of Candidate 07/07/2025 Date</p>			



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: Frank Runyon

Committee Name: Frank Runyon for Lincoln County Clerk of Court

Treasurer Name: Greg Hager

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

Committee ID #: _____

Level Registered: [State] [County] If county, specify: Lincoln

I, Frank Runyon, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
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> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Lincoln County FOP Lodge 85</u>	<u>100%</u>
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: 

Date: 7-7-2025

Disclosure Report Cover

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.

Amendment

☐ Yes ☐ No

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1. Committee Information			
a. Full Name		c. ID Number	
Frank Runyon For Lincoln Co. Clerk of Court			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
1886 Cullendale Ct. Crouse NC 28033		7-7-2025	
		e. Phone Number	
		980-429-5000	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025			Greta Wager
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		<input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State/County	
<input type="checkbox"/> PAC <input type="checkbox"/> Referendum		<input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly	
<input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser		<input type="checkbox"/> First	
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Second	
		<input type="checkbox"/> Third	
		<input type="checkbox"/> Fourth	
		<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Year End	
		<input type="checkbox"/> Final	
		<input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund			
<input type="checkbox"/> Building Fund			
<input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
First Federal Savings			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	1		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 200.00		\$
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.			
Frank Runyon		7-7-2025	
Printed Name of Signer		Date	
Signature of Appointed Treasurer			
FOR OFFICE USE ONLY			
Date Received:	7-7-2025	Employee:	RBuff
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
		Delivery Method	
		<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	
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

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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1. Committee Full Name (and Fund if applicable) <i>Frank Runyon for Clerk of Court</i>	2. Type of Report <i>Organizational</i>	3. ID Number <i>1</i>
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Start of Election Cycle: January 1, _____	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ <i>200.00</i>	\$ <i>200.00</i>

RECEIPTS

5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ <i>200.00</i>	\$ <i>200.00</i>
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)	\$ <i>200.00</i>	\$ <i>200.00</i>

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)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$	\$

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

Pg 1 of 1

Amendment

☐ Yes

☒ No

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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	
Frank Runyon for Lincoln Co. Clerk of Court						
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
Frank Runyon 1884 Cullendale Ct. Crouse NC 28033				Detective		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Lincoln Co. Sheriff's Office		\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Cash		7-3-2025	\$ 200.00	
<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					\$	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 200.00	