

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.

Committee Information	
a. Name of Committee <i>Part of faith Coalition</i>	d. ID Number <i>8</i>
b. Mailing Address (include City, State and Zip Code) <i>3086 Asbury Church Rd Lincoln NC 28092</i>	e. Date Organized <i>9.25.20</i>
c. Committee Website (Optional)	f. Phone Number <i>828 302 6514</i>

Candidate Information	
a. Full Name <i>Thomas James LaVerde</i>	e. Party Affiliation <i>Republican</i>
b. Mailing Address (include City, State, and Zip Code) <i>3086 Asbury Church Rd. Lincolnton NC 28092</i>	f. Office Sought <i>School Board</i>
c. Phone Number <i>828 302 6514</i>	d. Email Address <i>vote.laverde@gmail.com</i>
<input checked="" type="checkbox"/> Email copy of report notices	
Treasurer Information	
a. Full Name <i>Thomas James LaVerde</i>	

b. Mailing Address (include City, State, and Zip Code) <i>3086 Asbury Church Rd. Lincolnton NC 28092</i>	
c. Phone Number <i>828 302 6514</i>	d. Email Address <i>vote.laverde@gmail.com</i>
<input checked="" type="checkbox"/> Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Email copy of report notices	
Assistant Treasurer Information	
a. Full Name	

b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address
<input checked="" type="checkbox"/> Email copy of report notices	
Custodian of Books Information (Keeper of Records)	
a. Full Name	

a. Financial Institution Full Name

*First Federal*b. Account Code
*8383*c. Type
Checking

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.

Thomas James LaVerde

Printed Name of Treasurer

Signature of Appointed Treasurer

9.25.25

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.

Thomas James LaVerde

Printed Name of Candidate

Signature of Candidate

9.25.25

Date



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: Thomas James Lavender

Committee Name: Patriot faith Coalition

Treasurer Name: Thomas James Lavender

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

Committee ID #: _____

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

I, Thomas Lavender, 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> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Covenant Bible Church</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: 9.26.25

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.

I. Committee Information				
a. Full Name <i>Thomas James LaVerne</i>				c. ID Number <i>8383</i>
b. Mailing Address (include City, State and Zip Code) <i>3086 Asbury church Rd. Lington, NC 28092</i>				d. Date Filed
				e. Phone Number <i>808 302 6514</i>
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer's Full Name	
2025	9.25.25	12.31.2025	<i>Thomas James LaVerne</i>	
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund		Municipal <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		State/County <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <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		
<input type="checkbox"/> Other:		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
8. Number of Fundraisers (this Report)		10. Special Report Name		
II. Account Information				
a. Financial Institution Full Name		a. Financial Institution Full Name		
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
			<i>8383</i>	
		d. Period Begin Balance		d. Period Begin Balance
		<i>\$ 1,000 -</i>		<i>\$</i>
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.				
<i>Thomas LaVerne</i>		Signature of Appointed Treasurer		<i>9.26.25</i>
Printed Name of Signer				Date
FOR OFFICE USE ONLY				
Date Received:	<i>9-26-25</i>	Employee:	<i>J. D.</i>	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail
Date Scanned:		Employee:		<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee:		<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.				