

Statement of Organization - Candidate Committee

Is this statement:

New

Amended

1025 PM 4/40

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
Lincoln County Board of Education At Large	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
PO Box 1826 Lincolnton NC 28093	10-3-2025
c. Committee Website (Optional)	f. Phone Number

2. Candidate Information

a. Full Name	e. Party Affiliation		
Tony Albert Jenkins	Republican		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
PO Box 1826 Lincolnton NC 28093	Lincoln County Board of Education At Large Seat		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-747-5228	—	2026	County
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information

a. Full Name	b. Mailing Address (include City, State and Zip Code)	4. Assistant Treasurer Information	
Tony Albert Jenkins	PO Box 1826 Lincolnton NC 28093	a. Full Name	—
c. Phone Number	d. Email Address	e. Phone Number	d. Email Address
704-747-5228	—		
<input type="checkbox"/> Send report notices by email		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Email copy of report notices			

5. Custodian of Books Information (Keeper of Records)

a. Full Name	b. Account Code	c. Type
—	AZ36	checking
b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number	d. Email Address	
<input type="checkbox"/> Email copy of report notices		

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.

Tony Albert Jenkins

Printed Name of Treasurer

Tony Albert Jenkins

Signature of Appointed Treasurer

10-3-2025

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.

Tony Albert Jenkins

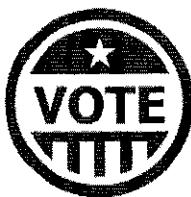
Printed Name of Candidate

Tony Albert Jenkins

Signature of Candidate

10-03-2025

Date



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name:

Tony A Jenkins Lincoln County Board of Education At Large

Treasurer Name:

Tony A Jenkins

Treasurer Address:

Po Box 1826

(include city, state, & zip)

Lincolnton NC 28093

Treasurer Phone:

704 - 735 - 2244

Check One:

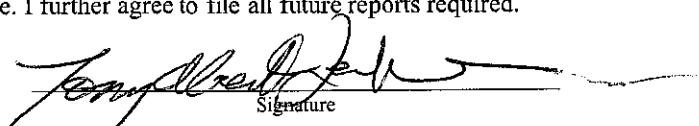
I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

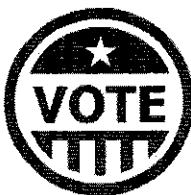
I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

10-3-2023

Date Signed



Signature



NORTH CAROLINA

STATE BOARD OF ELECTIONS

007 3 2025 PM 6:44

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: Tony Albert Jenkins
Committee Name: Tony Albert Jenkins Lincoln County Board of Education
At Large Seat

Treasurer Name: Tony Albert Jenkins

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

Committee ID #: _____

Level Registered: [State] [County] If county, specify: School Board

I, Tony Albert Jenkins, 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).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Lincoln County Charter FFBCF</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: Tony Albert Jenkins

Date: 10-03-2025

Disclosure Report Cover

Amendment

Yes

No 10/3/2025 PM 4:00

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	c. ID Number		
Tony A Jenkins Lincoln County Board Ed. At Large			

b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
Po Box 1826 Lincolnton NC 28093	—		

b. Mailing Address (include City, State and Zip Code)	e. Phone Number		
Po Box 1826 Lincolnton NC 28093	704-735-2044		

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2026	10-3-2025	10-3-2025	Self

6. Type of Committee (Check One)	9. Type of Report (check only one type of report from one category)
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Municipal <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser
	<input type="checkbox"/> State/County <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth
	<input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <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
7. Type of Fund (if applicable, check one)	<input type="checkbox"/> 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
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:	<input type="checkbox"/> 10. Special Report Name

8. Number of Fundraisers this Report	11. Account Information																
	<table border="1"> <tr> <td>a. Financial Institution Full Name</td> <td>a. Financial Institution Full Name</td> </tr> <tr> <td>First Federal Savings Bank</td> <td></td> </tr> <tr> <td>b. Purpose</td> <td>b. Purpose</td> </tr> <tr> <td>Campaign</td> <td></td> </tr> <tr> <td>c. Account Code</td> <td>c. Account Code</td> </tr> <tr> <td>AZ36</td> <td></td> </tr> <tr> <td>d. Period Begin Balance</td> <td>d. Period Begin Balance</td> </tr> <tr> <td>\$ 100</td> <td>\$</td> </tr> </table>	a. Financial Institution Full Name	a. Financial Institution Full Name	First Federal Savings Bank		b. Purpose	b. Purpose	Campaign		c. Account Code	c. Account Code	AZ36		d. Period Begin Balance	d. Period Begin Balance	\$ 100	\$
a. Financial Institution Full Name	a. Financial Institution Full Name																
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b. Purpose	b. Purpose																
Campaign																	
c. Account Code	c. Account Code																
AZ36																	
d. Period Begin Balance	d. Period Begin Balance																
\$ 100	\$																

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.

Tony A. Jenkins

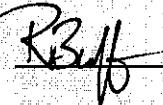
Printed Name of Signer



10-3-2025

Date

FOR OFFICE USE ONLY

Date Received:	10-3-2025	Employee:		Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Scanned:		Employee:		
Date Data Entered:		Employee:		<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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Start of Election Cycle: January 1, 2026		Total this Reporting Period
4) Cash on Hand at Start	\$ 100 —	\$ 100 —
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 100 —	\$ 100 —
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)	\$ 100 —	\$ 100 —
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)	\$ 100 —	\$ 100 —
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)	\$	\$