

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 Lincoln County Board of Education At Large		d. ID Number	
b. Mailing Address (include City, State and Zip Code) PO Box 1826 Lincolnton NC 28093		e. Date Organized 10-3-2025	
c. Committee Website (Optional)		f. Phone Number	
2. Candidate Information			
a. Full Name Tony Albert Jenkins		e. Party Affiliation Republican	
b. Mailing Address (include City, State, and Zip Code) PO Box 1826 Lincolnton NC 28093		f. Office Sought Lincoln County Board of Education At Large Seat	
c. Phone Number 704-747-5228	d. Email Address	g. Next Election Year 2026	h. Jurisdiction County
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Tony Albert Jenkins		a. Full Name —	
b. Mailing Address (include City, State, and Zip Code) PO Box 1826 Lincolnton NC 28093		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number 704-747-5228	d. Email Address —	c. Phone Number	d. Email Address
Send report notices by email <input type="checkbox"/> Yes <input checked="" 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 First Federal Savings Bank	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code AZ36	c. Type checking
<input 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> <u>Tony Albert Jenkins</u> <u>Tony Albert Jenkins</u> <u>10-3-2025</u> Printed Name of Treasurer Signature of Appointed Treasurer 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> <u>Tony Albert Jenkins</u> <u>Tony Albert Jenkins</u> <u>10-03-2025</u> Printed Name of Candidate Signature of Candidate Date </p>			



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.

10-3-2025

Date Signed

Tony A. Jenkins
Signature



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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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. Lincoln County Charter FFBCF

100%

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

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

OCT 3 2025 PM 4:40

1. Committee Information			
a. Full Name Tony A. Jenkins Lincoln County Board Ed. At Large		c. ID Number	
b. Mailing Address (include City, State and Zip Code) PO Box 1826 Lincolnton NC 28093		d. Date Filed —	
		e. Phone Number 704-735-2044	
2. Report Year 2026	3. Period Start Date (mm/dd/yy) 10-3-2025	4. Period End Date (mm/dd/yy) 10-3-2025	5. Treasurer Full Name 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"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <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"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		State/County <input checked="" type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name	
11. Account Information			
a. Financial Institution Full Name First Federal Savings Bank		a. Financial Institution Full Name	
b. Purpose Campaign	c. Account Code AZ36	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 100		d. Period Begin Balance \$
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 Albert Jenkins Printed Name of Signer		Signature of Appointed Treasurer 10-3-2025 Date	
FOR OFFICE USE ONLY			
Date Received: 10-3-2025	Employee: RB	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
Date Postmarked:	Employee:	<input type="checkbox"/> Signer has not received mandatory training	
Date Scanned:	Employee:		
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

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

Amendment
☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable) <i>Tony A. Jenkins Lincoln County Board of Education Atlanta</i>	2. Type of Report <i>Organizational</i>	3. ID Number <i>001321</i>
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Start of Election Cycle: January 1, <i>2026</i>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ <i>100 —</i>	\$ <i>100 —</i>

RECEIPTS

5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ <i>100 —</i>	\$ <i>100 —</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>100 —</i>	\$ <i>100 —</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)	\$ <i>100 —</i>	\$ <i>100 —</i>

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)	\$	\$