

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

NCU 212026 pg 4/5

1. Committee Information

a. Full Name	c. ID Number		
<i>Trenton Benjamin Mason</i>			
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
<i>202 Mockingbird Ln Lincolnton, NC 28092</i>			
11-21-25			
e. Phone Number			
<i>704 604 5647</i>			

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2026	11/1/26		<i>Trenton Benjamin Mason</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"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		Municipal <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Quarterly <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"/> 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	
8. Number of Fundraisers this Report		10. Special Report Name	

11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
<i>Bank of America</i>		<i>Bank of America</i>	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
<i>Select Trent Mason</i>	<i>5647</i>	<i>Select Trent Mason</i>	<i>5647</i>
d. Period Begin Balance		d. Period Begin Balance	
\$ 100		\$ 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.

Trent Mason

Printed Name of Signer

Trent Mason

Signature of Appointed Treasurer

11-21-25

Date

FOR OFFICE USE ONLY

Date Received:	<i>11-21-25</i>	Employee:	<i>Trent Mason</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.

Statement of Organization - Candidate Committee

Is this statement:

New Amended 21/10/2019

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		
Committee to elect Trent Mason			
b. Mailing Address (include City, State and Zip Code)	e. Date Organized		
207 Mockingbird Ln Lincolnton, NC 28092	11-21-25		
c. Committee Website (Optional)	f. Phone Number		
	704-604-5647		

2. Candidate Information

a. Full Name	e. Party Affiliation		
Trenton Benjamin Mason	Republican		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
207 Mockingbird Ln Lincolnton, NC 28092	Lincolnton, NC City Council Ward 3		
c. Phone Number	d. Email Address	e. Next Election Year	h. Jurisdiction
704-604-5647	Trentonmason@gmail.com	2026	City of Lincolnton, NC
<input checked="" type="checkbox"/> Email copy of report notices			

3. Treasurer Information

a. Full Name	d. Email Address		
Trenton Benjamin Mason			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)		
207 Mockingbird Ln Lincolnton, NC 28092			
c. Phone Number	d. Email Address	e. Phone Number	d. Email Address
704-604-5647	Trentonmason@gmail.com		
<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			

5. Custodian of Books Information (Keeper of Records)

a. Full Name	e. Account Institution Full Name		
Trenton Benjamin Mason	Bank of America		
b. Mailing Address (include City, State, and Zip Code)			
207 Mockingbird Ln Lincolnton, NC 28092			
c. Phone Number	d. Email Address	b. Account Code	c. Type
704-604-5647	Trentonmason@gmail.com	5647	Checking
<input checked="" 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.

Trenton Benjamin Mason

Printed Name of Treasurer

Trent Mason

Signature of Appointed Treasurer

11-21-25

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.

Trenton Benjamin Mason

Printed Name of Candidate

Trent Mason

Signature of Candidate

11-21-25

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: Trent Mason

Committee Name: Committee to Elect Trent Mason

Treasurer Name: Trent Mason

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

Committee ID #: _____

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

I, Trent Mason, 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>S. Ray Lander Elementary</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: Trent Mason

Date: 11-21-25



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:

Committee to Elect Treat Mason

Treasurer Name:

Treat Mason

Treasurer Address:

207 Mockingbird Ln

(include city, state, & zip)

Lincolnton, NC 28092

Treasurer Phone:

704-604-5647

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.

11-24-05

Date Signed

Treat Mason

Signature