

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	d. ID Number		
Friends of Jill Tipton	OGPM41		
b. Mailing Address (include City, State and Zip Code)	e. Date Organized		
619 N. Laurel St, Lincolnton NC 28092	10/7/2025		
c. Committee Website (Optional)	f. Phone Number		
	704-740-7311		

2. Candidate Information

a. Full Name	e. Party Affiliation		
Jill Tipton	REP		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
619 N. Laurel St. Lincolnton NC 28092	City Mayor		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-740-7311	lincolntonipton@yahoo.com	2026	City
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information

a. Full Name	d. Email Address		
John Gilleland			
b. Mailing Address (include City, State, and Zip Code)	e. Phone Number		
341 E Main St Lincolnton NC 28092	d. Email Address		
c. Phone Number	e. Phone Number		
704-735-0099			
<input type="checkbox"/> Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of report notices			

b. Custodian of Books Information (Keeper of Records)			
a. Full Name	d. Email Address		
b. Mailing Address (include City, State, and Zip Code)	e. Account Code		
c. Phone Number	d. Email Address	e. Account Code	f. Type
		JTFCC1	Checking
<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.

John O Gilleland Jr

Printed Name of Treasurer

Gilleland

Signature of Appointed Treasurer

10/1/2025

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.

Jill Tipton

Printed Name of Candidate

Jill Tipton

Signature of Candidate

12-1-2025

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:

Jill Tipton for City Council

Treasurer Name:

John O. Gilleland Jr

Treasurer Address:

119 Labans Lane

(include city, state, & zip)

Lincolnton, NC 28092

Treasurer Phone:

704-735-7528

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.

10/07/2025
Date Signed


Signature



NORTH CAROLINA

STATE BOARD OF ELECTIONS

act 82025 en1 32

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: Jill Tipton

Committee Name: Jill Tipton for City Council

Treasurer Name: John O Gilleland, Jr.

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

Committee ID #: _____

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

I, Jill Tipton, 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 Republican Party</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: Jill Tipton

Date: 10-7-05

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 8 2025 AM11:38

1. Committee Information

a. Full Name	c. ID Number		
Jill Tipton for City Council			
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
619 North Laurel Street Lincolnton, NC 28092			
e. Phone Number			10-7-25
			704-740-7311

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
			John D. Gilleland, Jr.
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		<input type="checkbox"/> Municipal <input checked="" 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"/> State/County <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"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<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	
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	
First Federal Savings Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign expenses	JTFCC 1		
d. Period Begin Balance		d. Period Begin Balance	
\$ 100 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.

John Gilleland

Printed Name of Signer

John D. Gilleland

Signature of Appointed Treasurer

10/18/2025

Date

FOR OFFICE USE ONLY			
Date Received:	10-8-25	Employee:	<u>R. B. G.</u>
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

Amendment
 Yes No

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

011:38

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
<i>Jill Tipton for City Council / Organizational</i>		101 B 292
Start of Election Cycle: January 1, 2006	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 100.00	\$ 600.00
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 100.00	\$ 100.00
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)	\$ 100.00	\$ 100.00
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 ____ of ____

 Yes No

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											
<i>Jill Tipton for City Council</i>														
3. Contributor Information <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; padding: 5px;">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td style="width: 33.33%; padding: 5px;">b. Job Title/Profession</td> <td style="width: 33.33%; padding: 5px;">d. Comments</td> </tr> <tr> <td style="padding: 5px;">John Gilleland, Jr. 119 Labans Lane Lincolnton, NC 28092</td> <td style="padding: 5px;">Retired/Real Estate Self Employed</td> <td style="padding: 5px;"></td> </tr> <tr> <td colspan="3" style="padding: 5px;">e. Election Sum to Date \$</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	John Gilleland, Jr. 119 Labans Lane Lincolnton, NC 28092	Retired/Real Estate Self Employed		e. Election Sum to Date \$		
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John Gilleland, Jr. 119 Labans Lane Lincolnton, NC 28092	Retired/Real Estate Self Employed													
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"/>	JTFCC1	check		10-7-25	\$ 100.00									
<input type="checkbox"/>					\$									
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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			\$ 100.00											
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>			\$ 100.00											