

# 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.

<b>1. Committee Information</b>			
a. Name of Committee <u>Friends of Jill Tipton</u>		d. ID Number <u>OGPM41</u>	
b. Mailing Address (include City, State and Zip Code) <u>619 N. Laurel St, Lincolnton NC 28092</u>		e. Date Organized <u>10/7/2025</u>	
c. Committee Website (Optional)		f. Phone Number <u>704-740-7311</u>	
<b>2. Candidate Information</b>			
a. Full Name <u>Jill Tipton</u>		e. Party Affiliation <u>REP</u>	
b. Mailing Address (include City, State, and Zip Code) <u>619 N. Laurel St. Lincolnton NC 28092</u>		f. Office Sought <u>City Mayor</u>	
c. Phone Number <u>704-740-7311</u>	d. Email Address <u>LincolntonTipton@yahoo.com</u>	g. Next Election Year <u>2026</u>	h. Jurisdiction <u>City</u>
<input type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name <u>John Gilleland</u>		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) <u>341 E Main St Lincolnton NC 28092</u>		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number <u>704-735-0099</u>	d. Email Address	c. Phone Number	d. Email Address
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
<b>5. Custodian of Books Information (Keeper of Records)</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name <u>First Federal Savings</u>	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code <u>JTFCE1</u>	c. Type <u>Checking</u>
<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>JOHN O GILLELAND JR</u> Printed Name of Treasurer <u>[Signature]</u> Signature of Appointed Treasurer <u>12/1/2025</u> 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>Jill Tipton</u> Printed Name of Candidate <u>[Signature]</u> Signature of Candidate <u>12-1-2025</u> 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:

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]

Signature



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

OCT 8 2025 01:30

### 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: 10-7-25



# 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.

OCT 8 2025 AM 11:38

## 1. Committee Information

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

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name <u>John O. Gilleland, Jr.</u>
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<b>6. Type of Committee (Check One)</b> <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		<b>9. Type of Report (check only one type of report from one category)</b> <b>Municipal</b> <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 <b>State/County</b> <input 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 <b>Referendum</b> <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	
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<b>10. Special Report Name</b>	
<b>8. Number of Fundraisers this Report</b>			

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name <u>First Federal Savings Bank</u>	a. Financial Institution Full Name	b. Purpose <u>campaign expenses</u>	b. Purpose
b. Purpose	c. Account Code <u>JTFCC 1</u>	c. Account Code	c. Account Code
c. Account Code	d. Period Begin Balance <u>\$ 100.00</u>	d. Period Begin Balance	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.

John Gilleland [Signature] 10/8/2025  
Printed Name of Signer Signature of Appointed Treasurer Date

## FOR OFFICE USE ONLY

Date Received: <u>10-8-25</u>	Employee: <u>[Signature]</u>	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: _____	
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

Amendment  
☐ Yes ☒ No

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

AW1138

1. Committee Full Name (and Fund if applicable) <i>Jill Tipton for City Council Organizational</i>	2. Type of Report	3. ID Number
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Start of Election Cycle: <i>January 1, 2026</i>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ <i>100.00</i>	\$ <i>100.00</i>

## RECEIPTS

5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ <i>100.00</i>	\$ <i>100.00</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>100.00</i>	\$ <i>100.00</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)	\$	\$

## 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 \_\_\_\_

Amendment 001 8/20/25 AM 11:36  
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Jill Tipton for City Council						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> <small>(include city, state, &amp; zip)</small> John Gilleland, Jr. 119 Labans Lane Lincolnton, NC 28092				<b>b. Job Title/Profession</b> Retired/Rebate		<b>d. Comments</b>
				<b>c. Employer's Name/Specific Field</b> Self-employed		<b>e. Election Sum to Date</b> \$
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	JTFCC1	check		10-7-25	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> <small>(include city, state, &amp; zip)</small>				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b> \$
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> <small>(include city, state, &amp; zip)</small>				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b> \$
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 100.00	
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 100.00	