

# 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
Marie Moore Committee	HEP9MG
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
8045 Lucky Creek Lane, Denver, NC 28037	12/17/25
c. Committee Website (Optional)	f. Phone Number
	704.502.4365

## 2. Candidate Information

a. Full Name	e. Party Affiliation
Marie Moore	R
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
8045 Lucky Creek Lane Denver NC 28037	Lincoln County Commissioner
c. Phone Number	d. Email Address
704.502.4365	marie.moore.0731@att.net
<input type="checkbox"/> Email copy of report notices	
2026	
h. Jurisdiction	
County	

## 3. Treasurer Information

a. Full Name	4. Assistant Treasurer Information		
Self			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)		
c. Phone Number	d. Email Address	e. Phone Number	d. Email Address
<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	6. Account Information (incl. CRO-3500)		
Self			
b. Mailing Address (include City, State, and Zip Code)	a. Financial Institution Full Name		
3560 N Highway 16 Denver, NC 28037	Truist		
c. Phone Number	d. Email Address	b. Account Code	c. Type
		502	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.

Marie Moore

Printed Name of Treasurer

Marie Moore

Signature of Appointed Treasurer

12/17/25

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.

Printed Name of Candidate

Signature of Candidate

Date

CRO-2100A

NC State Board of Elections

November 2019



# **NORTH CAROLINA**

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## **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: Marie Moore Committee  
Treasurer Name: Marie Moore  
Treasurer Address: 8045 Lucky Creek Lane  
(include city, state, & zip) Denver, NC 28037

Treasurer Phone: 704-502-4365

#### **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.

12/17/25  
Date Signed

Marie Moore  
Signature



# NORTH CAROLINA

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## 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: Marie Moore

Committee Name: Marie Moore Committee

Treasurer Name: Marie Moore

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

Committee ID #: HGP9MG

Level Registered: [State] [County] If county, specify: \_\_\_\_\_

I, Marie Moore, 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>Hospice</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: Marie Moore

Date: 12/17/25

# 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.

## 1. Committee Information

a. Full Name

Marie Moore Committee

c. ID Number

HGP9MG

b. Mailing Address (include City, State and Zip Code)

8045 Lucky Creek Ln.  
Denver NC 28037

d. Date Filed

12-17-2025

e. Phone Number

74-502-4365

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

## 6. Type of Committee (Check One)

Candidate Campaign  Party  
 PAC  Referendum  
 Independent Expenditure  Joint Fundraiser  
 Legal Expense Fund

## 7. Type of Fund (if applicable, check one)

Booster Fund  
 Building Fund  
 Other:

## 8. Number of Fundraisers this Report

## 9. Type of Report (check only one type of report from one category)

Municipal  
 Organizational  
 Thirty-five day  
 Pre-primary  
 Pre-election  
 Pre-runoff  
 Semi-annual  
 Mid Year  
 Year End  
 Final  
 Special

## State/County

Organizational  
 Quarterly  
 First  
 Second  
 Third  
 Fourth  
 Semi-annual  
 Mid Year  
 Year End  
 Final  
 Special

## Referendum

Organizational  
 Pre-referendum  
 Final  
 Supplemental Final  
 Annual  
 Special

## 10. Special Report Name

## 11. Account Information

a. Financial Institution Full Name

Trust

## 11. Account Information

a. Financial Institution Full Name

c. Account Code

b. Purpose

c. Account Code

502

Campaign

d. Period Begin Balance

\$200 00

b. Purpose

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.

Marie Moore

Printed Name of Signer

Marie Moore

Signature of Appointed Treasurer

12/17/25

Date

## FOR OFFICE USE ONLY

Date Received:

12/17/2025

Employee:

R. Buff

### Delivery Method

Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

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

Amendment

Yes  No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
<i>Marie Moore Committee</i>	<i>Organizational</i>	<i>H GP9MG</i>
Start of Election Cycle: January 1, <u>2021</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ <u>200</u>	\$
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals <i>(CRO-1205)</i>	\$	\$
6) Contributions from Individuals <i>(CRO-1210)</i>	\$ <u>200</u>	\$
7) Contributions from Political Party Committees <i>(CRO-1220)</i>	\$	\$
8) Contributions from Other Political Committees <i>(CRO-1230)</i>	\$	\$
9) Loan Proceeds <i>(CRO-1410)</i>	\$	\$
10) Refunds/Reimbursements to the Committee <i>(CRO-1240)</i>	\$	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts <i>(CRO-1250)</i>	\$	\$
11b) Contributions from Not-For-Profit Organizations <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income <i>(CRO-1250)</i>	\$	\$
11d) Legal Expense Fund - Other Sources <i>(CRO-1270)</i>	\$	\$
11e) Exempt Purchase Price Sales <i>(CRO-1265)</i>	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$ <u>200</u>	\$
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures <i>(CRO-1310)</i>	\$	\$
13b) Contributions to Candidates/Political Committees <i>(CRO-1310)</i>	\$	\$
13c) Coordinated Party Expenditures <i>(CRO-1310)</i>	\$	\$
14) Aggregated Non-Media Expenditures <i>(CRO-1315)</i>	\$	\$
15) Loan Repayments <i>(CRO-1420)</i>	\$	\$
16) Refunds/Reimbursements from the Committee <i>(CRO-1320)</i>	\$	\$
17) In-Kind Contributions <i>(CRO-1510)</i>	\$	\$
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)	\$	\$
<b>ADDITIONAL INFORMATION</b>		
20) Non-Monetary Gifts Given to Other Committees <i>(CRO-1330)</i>	\$	
21) Outstanding Loans (incl. ones from other campaigns) <i>(CRO-1430)</i>	\$	
22) Debts and Obligations owed by the Committee <i>(CRO-1610)</i>	\$	
23) Debts and Obligations owed to the Committee <i>(CRO-1620)</i>	\$	
24) Account Transfers Within the Committee <i>(CRO-1720)</i>	\$	
25) Administrative Support <i>(CRO-1710)</i>	\$	\$
26) Forgiven Loans <i>(CRO-1440)</i>	\$	\$
27) 48-Hour Notice Reports Sum <i>(CRO-2220)</i>	\$	\$
28) Contributions to be Refunded <i>(CRO-1215)</i>	\$	\$

# Contributions from Individuals

Amendment  
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)

Marie Moore Committee

## 2. ID Number

HGP9MG

## 3. Contributor Information

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

Marie Moore  
8045 Lucky Creek LN  
Denver NC 28037

Add  Remove

b. Job Title/Profession

Retired

d. Comments

c. Employer's Name/Specific Field

e. Election Sum to Date

\$ 200 —

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>	502	Transfer		12/17/2025	\$ 200 —
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

## 3. Contributor Information

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

Add  Remove

b. Job Title/Profession

d. Comments

c. Employer's Name/Specific Field

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"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

## 3. Contributor Information

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

Add  Remove

b. Job Title/Profession

d. Comments

c. Employer's Name/Specific Field

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"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

## 4. Total only this Page

\$ 200 —

## 5. Total of ALL CRO-1210 Pages

\$ 200 —

(This line must be on line 6 of Detailed Summary Page CRO-1100)