

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> 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		
Phil McNeill for Lincoln County Clerk of Court			
b. Mailing Address (include City, State and Zip Code)	e. Date Organized		
3677 Lee Moore Road Maiden, N.C. 28650	09/24/2025		
c. Committee Website (Optional)	f. Phone Number		
	980-429-0590		
2. Candidate Information			
a. Full Name	e. Party Affiliation		
Philip Brian McNeill	Republican		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
3677 Lee Moore Road Maiden, N.C. 28650	Clerk of Court		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
980-429-0590	pbmcneill@outlook.com	2026	Lincoln
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information			
a. Full Name	a. Full Name		
Philip Brian McNeill	None		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)		
3677 Lee Moore Road Maiden, N.C. 28650			
c. Phone Number	d. Email Address	e. Phone Number	d. Email Address
980-429-0590	pbmcneill@outlook.com		
Send report notices by email		<input checked="" 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	a. Financial Institution Full Name		
None	Fifth Third Bank		
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	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>			
Philip Brian McNeill		09/24/2025	
Printed Name of Treasurer		Signature of Appointed Treasurer	
Date			
<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>			
Philip Brian McNeill		09/24/2025	
Printed Name of Candidate		Signature of Candidate	
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: Philip Brian McNeill

Committee Name: Phil McNeill for Lincoln County Clerk of Court

Treasurer Name: Philip Brian McNeill

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

Committee ID #:

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

I, Philip Brian McNeill

(Name of Candidate)

hereby direct that in the event of my death or incapacity all

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 Republican Party	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:

A handwritten signature in black ink that reads "Philip Brian McNeill".

Date:

09/24/2025

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. File # 18-2025-1130-0
Do not use this form to update information

1. Committee Information

a. Full Name	c. ID Number		
Phil McNeill for Lincoln County Clerk of Court	3GPVP		
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
3677 Lee Moore Road Maiden, NC 28650	09/24/2025		
	e. Phone Number		
	980-429-0590		

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	09/24/2025	12/31/2025	Philip Brian McNeill

6. Type of Committee (Check One)	7. Type of Fund (If applicable, check one)	9. Type of Report (Check only one type of report from one category)									
<input checked="" 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	<table border="1"> <tr> <td>Municipal</td> <td>State/County</td> <td>Referendum</td> </tr> <tr> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day </td> <td> <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum </td> </tr> <tr> <td> <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 </td> <td> <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 </td> <td> <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special </td> </tr> </table>	Municipal	State/County	Referendum	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day	<input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum	<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	<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"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
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<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day	<input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum									
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		10. Special Report Name									

11. Account Information		12. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Fifth Third Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign account for receipts and expenditures	01		
	d. Period Begin Balance		
	\$ 2000.00		\$
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.

Philip Brian McNeill

Printed Name of Signer

Philip Brian McNeill

Signature of Appointed Treasurer

09/24/2025

Date

FOR OFFICE USE ONLY

Date Received: 12-18-25

Employee: J.D.

Delivery Method

- Normal Mail
- Registered Mail
- Hand Delivered
- Electronically Filed
- Signer has not received mandatory training

Date Postmarked: _____

Employee: _____

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.