Statement of Organization - Candidate Committee

Amendment ☐ Yes ☒ No

Use this form to create a new or update an existing candidate committee.
This form must be accompanied by forms CRO-3100 and CRO-3500.

1. Committee Information

a. Full Name	c. ID Number
Committee to Elect Don Moffitt	
b. Mailing Address (Include City, State and Zip Code)	**d. Date Organized**
PO Box 1168 Durham, NC 27702	January 9, 2008
	e. Phone Number
	919-812-3474

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2. Candidate Information ☒ Candidate's Primary Committee

a. Full Name	c. Candidate ID Number	d. Party Affiliation
Don L Moffitt		Democrat
b. Mailing Address (Include City, State, and Zip Code)	**e. Office Sought**	**f. Jurisdiction**
2114 Wilson St Durham, NC 27705	Board of County Commissioners	Durham
	(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	

3. Treasurer Information

a. Full Name	
Marilyn Butler	
b. Mailing Address (Include City, State, and Zip Code)	
2110 Englewood Ave. Durham, NC 27705	
c. Phone Number	**d. Email Address**
919-286-3584	butler.marilyn@gmail.com

4. Custodian of Books Information

a. Full Name	
b. Mailing Address (Include City, State, and Zip Code)	
c. Phone Number	**d. Email Address**

5. Assistant Treasurer Information ☐ Add ☐ Remove

a. Full Name	
b. Mailing Address (Include City, State, and Zip Code)	
c. Phone Number	**d. Email Address**

6. Account Information *(incl. CRO-3500)* ☒ Add ☐ Remove

a. Financial Institution Full Name	
Mechanics & Farmer Bank	
b. Purpose	
Campaign Account	
c. Account Code	**d. Type**
101	Checking

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.

Marilyn Butler	Marilyn S Butler	January 9, 2008
Printed Name of Signer	Signature of Appointed Treasurer	Date

North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603

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Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: Don Moffitt

Treasurer Name: Marilyn Butler

Treasurer Address: 2110 Englewood Ave.

(include city, state, & zip) Durham, NC 27705

Treasurer Phone: 919-286-3584

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

January 9, 2008
Date Signed

Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

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	c. ID Number
Committee to Elect Don Moffitt	
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
PO Box 1168 Durham, NC 27702	01/17/2008
	e. Phone Number
	919-812-3474

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2008	01/9/2008	01/10/2008	Marilyn Butler

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Joint Fundraiser
- ☐ Referendum
- ☐ Party
- ☐ PAC
- ☐ Legal Expense Fund

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

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Number of Fundraisers this Report

0

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

Municipal	State/County	Referendum
☐ Organizational	☒ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name	
Mechanics & Farmers Bank	
b. Purpose	**c. Account Code**
Campaign account	101
	d. Period Begin Balance
	$ 0

12. Account Information

a. Financial Institution Full Name	
b. Purpose	**c. Account Code**
	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 if 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 according to N.C.G.S. 163-278.7(f).

Don Moffitt	[signature]	January 1, 2008
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	Jan 17, 2008	Employee:	[illegible]	Delivery Method
Date Postmarked:		Employee:		☐ Normal Mail
Date Scanned:		Employee:		☐ Registered Mail ☐ Hand Delivered
Date Data Entered:		Employee:		☐ Electronically Filed ☐ Signer has not received mandatory training

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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
Committee to Elect Don Moffitt	Organizational	

Start of Election Cycle: January 1, 2008		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 0	$
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$
6) Contributions from Individuals	(CRO-1210)	$ 200	$ 200
7) Contributions from Political Party Committees	(CRO-1220)	$	$
8) Contributions from Other Political Committees	(CRO-1230)	$ 100	$ 100
9) Loan Proceeds	(CRO-1410)	$ 500	$ 500
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)	$	$
12) TOTAL RECEIPTS *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)*		$ 800	$ 800
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 36	$ 36
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)*		$ 36	$ 36
19) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)*		$ 764	$ 764
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-2200)	$	$
27) Contributions to be refunded	(CRO-1315)	$	$

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Contributions from Individuals

Pg 1 of 1 | Amendment ☐ 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
Committee to Elect Don Moffitt	

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Don Moffitt 2114 Wilson St. Durham, NC 27705	Consultant	Retail	Candidate	$ 200

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	101	Check		01/10/2008	$ 200
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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
☐					$
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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
☐					$
☐					$
☐					$

4. Total only this Page	$ 200
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 200

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Contributions from Other Political Committees

Pg ____ of ____ Amendment ☐ Yes ☐ No

Use this form to report contributions from other candidate, referendum or PAC committees.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Elect Don Moffitt	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
Committee to Re-Elect Diane Catotti for City Council PO Box 51399 Durham, NC 27717	☒ Candidate ☐ PAC ☐ Referendum c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☒ Municipality: Durham	e. Election Sum to Date $ 100

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
101	Check		1/17/2008	$ 100
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
	☐ Candidate ☐ PAC ☐ Referendum c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				$
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
	☐ Candidate ☐ PAC ☐ Referendum c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				$
				$
				$

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4. Total only this Page	$ 100
5. Total of ALL CRO-1230 Pages *(This line must be the same as line 8 of Detailed Summary Page CRO-1100)*	$ 100

Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information
A loan proceeds statement must accompany each loan that is from an individual

Pg 1 of 1 Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Elect Don Moffitt	

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Start Date (mm/dd/yyyy)	f. End Date (mm/dd/yyyy)
Don Moffitt 2114 Wilson St Durham, NC 27705	Consultant	Small business	candidate	01/09/2008	11/30/2008

g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
0 %	None	101	Check	$ 500

l. Full Name of Lending Institution	m. Loan Number
none	NA

4. Endorsers/Makers *(The people who guarantee the loan.)*

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Percentage	e. Amount
none			%	$
			%	$
			%	$
			%	$

5. Total of ALL CRO-1410 Pages *(This line must be on line 9 of Detailed Summary Page CRO-1140)* $ 500

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Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

Name of committee to receive loan:	Committee to Elect Don Moffitt
Person lending money to committee (Lender):	Don Moffitt
Date of loan to committee:	January 9, 2008
Name of lending institution and account number (source):	none
Amount of loan:	$500
Names of all parties responsible for payment of loan (guarantor):	none
Period of loan:	11 months
Rate of interest of loan:	0%
Security pledged for loan:	none

I, Don Moffitt acknowledge that all of the
(Person lending money to committee)

information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Signature of Lender

Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.

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Disbursements

Pg 1 of 1 | Amendment ☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Elect Don Moffitt	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Don Moffitt 2114 Wilson St. Durham, NC 27705	c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	candidate
		e. Election Sum to Date $ 36

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
101	check	K	01/09/2008	$36	Mailbox rental (reimbursement)
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

5. Total only this Page $ 36

6. Total of ALL CRO-1310 Pages $ 36

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

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7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**O* - Other**

*** Codes require detailed explanation in required remarks field (k)**