

Statement of Organization - Candidate Committee

| |
|--|
| Amendment |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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 (when amending, only re-submit if applicable).

| | | | |
|---|---------------------|--|--|
| 1. Committee Information | | | |
| a. Full Name | | c. ID Number | |
| Ellen Milligan for Board of Education | | 3D7QJ9 | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Organized | |
| 2670 Milligan Road, NW Ash, NC 28420 | | 12/1/2015 | |
| | | e. Phone Number | |
| | | (910) 287-6304 | |
| 2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee | | | |
| a. Full Name | | e. Candidate ID Number | f. Party Affiliation |
| Ellen Gore Milligan | | 3D7QJ9 | Republican (Indicate Non-partisan if applicable) |
| b. Mailing Address (include City, State, and Zip Code) | | g. Office Sought | |
| Same As Above | | Board of Education | |
| c. Phone Number | d. Email Address | h. Next Election Year | i. Jurisdiction |
| (910) 287-6304 | dlmilligan@atmc.net | 2016 | |
| <input type="checkbox"/> Email copy of notices | | | |
| 3. Treasurer Information | | 4. Custodian of Books Information | |
| a. Full Name | | a. Full Name | |
| Ellen Gore Milligan | | | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Mailing Address (include City, State, and Zip Code) | |
| 2670 Milligan Road, NW Ash, NC 28420 | | | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Address |
| (910) 287-6304 | dlmilligan@atmc.net | | |
| I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices | | | |
| 5. Assistant Treasurer Information | | 6. Account Information (incl. CRO-3500) | |
| a. Full Name | | a. Financial Institution Full Name | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | BB&T | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Purpose | |
| | | Campaign Committee | |
| c. Phone Number | d. Email Address | c. Account Code | d. Type |
| | | 1968 | Checking |
| <input type="checkbox"/> Email copy of notices | | | |
| 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. | | | |
| Ellen G. Milligan | | Ellen G. Milligan | 12/8/15 |
| Printed Name of Signer | | Signature of Appointed Treasurer | Date |

mailed 3500 12-9-15



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

Kim Westbrook Strach
 Executive Director

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

Certification of Treasurer

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

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Candidate Name: Ellen Milligan

Treasurer Name: Ellen Milligan

Treasurer Address: 2670 Milligan Road, NW

(include city, state, & zip) Ash, NC 28420

Treasurer Phone: (910) 287-6304

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).

12/8/2015
 Date Signed

Ellen Milligan
 Signature of Candidate

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 Ellen Milligan for Board of Education | c. ID Number 3070J9 |
| b. Mailing Address (Include City, State and Zip Code) 2670 Milligan Road, NW Ash, NC 28420 | d. Date Filed 12/8/2015 |
| | e. Phone Number (910) 287-6304 |

| | | | |
|-------------------------------|--|--|--|
| 2. Report Year 2016 | 3. Period Start Date (mm/dd/yy) 12/01/2015 | 4. Period End Date (mm/dd/yy) 12/31/2015 | 5. Treasurer Full Name Ellen Gore Milligan |
|-------------------------------|--|--|--|

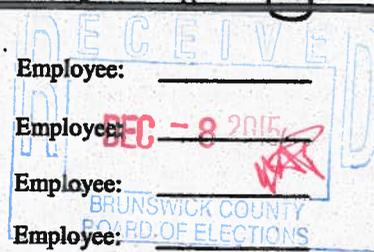
| | | | | |
|--|---|--|--|---|
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | | |
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party | Municipal | State/County | Referendum |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Organizational | <input checked="" type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day | Quarterly | <input type="checkbox"/> Pre-referendum |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Booster Fund | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Building Fund | | Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Mid Year | Semi-annual | |
| 8. Number of Fundraisers this Report | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | 10. Special Report Name |
| | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |

| | |
|---|---|
| 11. Account Information | |
| a. Financial Institution Full Name BB&T | |
| b. Purpose Campaign Committee | c. Account Code 1968 |
| | d. Period Begin Balance \$ 0.00 |

| | |
|------------------------------------|-------------------------|
| 11. 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 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.

Ellen Milligan Printed Name of Signer Ellen Milligan Signature of Appointed Treasurer 12/8/2015 Date

| | |
|--|-----------------|
| FOR OFFICE USE ONLY | |
| Date Received: _____ | Employee: _____ |
| 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 | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

| | | | |
|--|------------|-----------------------------|---------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. Type of Report | 3. ID Number |
| Ellen Milligan for Board of Education | | Organizational | 307079 |
| Start of Election Cycle: January 1, <u>2016</u> | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 0.00 | \$ 0.00 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ | \$ |
| 6) Contributions from Individuals | (CRO-1210) | \$ 500.00 | \$ 500.00 |
| 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) | | \$ 500.00 | \$ 500.00 |
| 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) | \$ 394.00 | \$ 394.00 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 394.00 | \$ 394.00 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 106.00 | \$ 106.00 |
| 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 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 |
| Ellen Milligan for Board of Education | | | | | | 307039 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Ellen Milligan 2670 Milligan Rd, NW Ash, NC 28420 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | Educator | | \$500.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | | Check | Filing Fee | | 12/1/2015 | \$157.00 |
| <input type="checkbox"/> | | Credit Card | BIN Number | | 12/7/2015 | \$237.00 |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | 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 | | | | | | \$ |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ |

In-Kind Contributions

Pg ____ of ____

Amendment
 Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

| | | | |
|--|--|--|------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| Ellen Milligan for Board of Education | | 307019 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| Ellen Milligan 2670 Milligan Rd, NW Ash, NC 28420 | | <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | d. Election Sum to Date | \$ |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Filing Fee | | 12/1/2015 | \$ 157.00 |
| EIN Number | | 12/7/2015 | \$ 237.00 |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| | | <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | d. Election Sum to Date | \$ |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| | | <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | d. Election Sum to Date | \$ |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| 4. Total only this Page | | \$ | |
| 5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> | | \$ | |

Disbursements

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 |
| Ellen Milligan for Board of Education | | | | | | 307039 |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| Board of Elections Bolivia, NC 28422 | | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 1968 | Check | 0 | 12/01/2015 | \$157.00 | Filing Fee | |
| | | | | \$ | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| IRS On-line | | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 1968 | Credit Card | 0 | 12/07/2015 | \$237.00 | EIN Number | |
| | | | | \$ | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ | |
| 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 | | | | | | \$ |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | \$ |
| 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 | | Q* - Donation to Legal Expense Fund |
| O* Other | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | |