

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 (when amending, only re-submit if applicable).

1. Committee Information			
a. Full Name		c. ID Number	
COMMITTEE TO ELECT KAREN MOSTELLER FOR SOUTHPORT ALDERMAN			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
310 N. ATLANTIC AVENUE SOUTHPORT, NC 28461		7/13/15	
		e. Phone Number	
		704.560.2443	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
KAREN ELAINE MOSTELLER		QDF21Z	NON PARTISAN <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
310 N. ATLANTIC AVE SOUTHPORT, NC 28461			
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
704.560.2443	KEMOSTELLER@gmail.com	2015	SOUTHPORT
<input type="checkbox"/> Email copy of notices 910 833-2633			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
KAREN ELAINE MOSTELLER		SELF	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
310 N. ATLANTIC AVE SOUTHPORT, NC 28461		SAME	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		6. Account Information (Incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
N/A		BB&T	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		CAMPAIGN	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		KEM	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.			
KAREN MOSTELLER		[Signature]	7/13/15
Printed Name of Signer		Signature of Appointed Treasurer	Date

910-833-2633

910 833-2633



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
 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: KAREN MOSTELLER

Treasurer Name: SAME

Treasurer Address: 310 N. ATLANTIC AVENUE
 (include city, state, & zip) SOUTHPORT, NC 28461

Treasurer Phone: ~~704-560-2443~~ 910-833-2633

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).

7/13/15
 Date Signed

[Signature]
 Signature of Candidate

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



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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).

Candidate Name: KAREN MOSTELLER
Committee Name: COMMITTEE TO ELECT KAREN MOSTELLER FOR SOUTHPORT ALDERMAN
Treasurer Name: SELF
If Candidate is own treasurer, designate an agent to carry out designations: EMMA THOMAS
Committee ID #: QDFZIZ
Level Registered: [State] [County] If county, specify: BRUNSWICK

I, KAREN MOSTELLER, 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>PAWS PLACE</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: [Signature]

Date: 7/13/15

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

Disclosure Report Cover

Amendment
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 COMMITTEE TO ELECT KAREN MOSTELLER FOR SOUTHPORT ALDERMAN	c. ID Number QDF21Z
b. Mailing Address (include City, State and Zip Code) 310 N. ATLANTIC AVENUE SOUTHPORT, NC 28461	d. Date Filed 7/13/15
	e. Phone Number 910-833-2633

2. Report Year 2015	3. Period Start Date (mm/dd/yy) 7/13/15	4. Period End Date (mm/dd/yy) 7/13/15	5. Treasurer Full Name KAREN MOSTELLER
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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	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input checked="" type="checkbox"/> Other: CAMPAIGN		<input type="checkbox"/> Year End	<input type="checkbox"/> Semi-annual	
8. Number of Fundraisers this Report		<input type="checkbox"/> Final	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Special	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Final	<input type="checkbox"/> Final	
		<input type="checkbox"/> Special	<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name BB&T	a. Financial Institution Full Name	b. Purpose CAMPAIGN	b. Purpose
b. Purpose	c. Account Code KEM	c. Account Code	c. Account Code
	d. Period Begin Balance \$ 2	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.

KAREN MOSTELLER  7/27/15
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> 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.

Detailed Summary

Amendment
 Yes 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
ELECT KAREN MOSTEWER FOR SOUTHPORT ALDERMAN	ORGANIZATIONAL	QDF21Z
Start of Election Cycle: January 1, 2015	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 0	\$
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 5.00	\$
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)	\$ 5.00	\$
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)	\$ 5.00	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 5.00	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 0	\$
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	
COMMITTEE TO ELECT KAREN MOSTELLER FOR SOUTHPORT ALDERMAN						QDF21Z	
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	
KAREN MOSTELLER 310 N. ATLANTIC AVE. SOUTHPORT, NC 28461				ARCHITECTURAL REVIEW COORDINATOR			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				BALD HEAD ASSOCIATION		\$ 5 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>			FILING FEE	7/13/15	\$ 5 ⁰⁰		
<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"/>					\$		
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 <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 5 ⁰⁰	

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) ELECT KAREN MOSTELLER FOR SOUTHPORT ALDERMAN		2. ID Number QDF 21Z
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (Include city, state, & zip) KAREN MOSTELLER 310 NORTH ATLANTIC AVE. SOUTHPORT, NC 28461 910-833-2633	b. Type of Contributor <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	c. Comments
		d. Election Sum to Date \$ 5 ⁰⁰
e. Description Filing Fee	f. Date (mm/dd/yyyy) 7/13/15	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 <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	c. Comments
		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 <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	c. Comments
		d. Election Sum to Date \$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		\$ 5 ⁰⁰
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 5 ⁰⁰