

Harris, Sheryll

From: SVC_SBOE.Campaign.Reporting
Sent: Tuesday, March 10, 2020 4:55 PM
To: Harris, Sheryll
Subject: FW: [External] Filing Documents for CBJC
Attachments: Citizens for the Betterment of Johnston County NC Filing.pdf; Documents for CBJC.pdf

This has an additional document attached.

Thanks
Jane

From: SVC_SBOE.Elections
Sent: Tuesday, March 10, 2020 4:53 PM
To: SVC_SBOE.Campaign.Reporting <Campaign.Reporting@ncsbe.gov>
Subject: FW: [External] Filing Documents for CBJC

From: Alfredo Rodriguez [mailto:alfredo@dycecommunications.com]
Sent: Tuesday, March 10, 2020 4:49 PM
To: SVC_SBOE.Elections <Elections.SBOE@ncsbe.gov>
Subject: [External] Filing Documents for CBJC

← Rec'd Email

External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to report.spam@nc.gov

An additional doc to be included. I have attached both.

Alfredo Rodriguez
M: 512.569.1061
[DYCE WEBSITE \[dycecommunications.com\]](http://DYCE WEBSITE [dycecommunications.com]) | [DYCE TV REEL \[youtube.com\]](http://DYCE TV REEL [youtube.com])

SCANNED
MAR 11 2020

On Mar 10, 2020, at 1:20 PM, Alfredo Rodriguez <alrod377@gmail.com> wrote:

<Documents for CBJC.pdf>

Alfredo Rodriguez

Registered Committee Independent Expenditures Report

Amendment Yes No

Page _____ of _____

To be Used by Political Committees registered in North Carolina

1. Committee Information

a. Full Name Citizens for the Betterment of Johnston County		c. Mailing Address (include City, State and Zip Code) 10920 Cleveland Road Suite 100 Garner, NC 2529		d. NC BoE ID Number
b. Type of Committee <input type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		e. Total All Expenditures \$		\$0.00

2. Expenditure Information

a. Item Num	b. Ame Code	c. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Candidate Information (include full name, office sought, and date)	f. Date (mm/dd/yyyy)	g. Amount
0						

3. Total Expenditures THIS Page (sum all the '5g' entries on this page) \$ _____

CERTIFICATION

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee.

Thomas C. Datwyler, Treasurer

Printed Name of Signer

Thomas Datwyler

Signature of Appointed Treasurer

02/26/2020

Date

CRO-2520

NC State Board of Elections

June 2007

Statement of Organization - Political Action Committee

Use this form to create a new or update an existing political action committee (PAC).
This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

Amendment
 Yes No

1. Committee Information

a. Full Name <i>Citizens for the Betterment of Johnston County</i>		c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>10920 Cleveland Rd Suite 100 Garron NC 27529</i>		d. Date Organized <i>2/26/20</i>
		e. Phone Number

2. Political Action Committee Information

a. Category (Check only one)

<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Legal
<input type="checkbox"/> Building/Real Estate	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Conservative/Liberal	<input type="checkbox"/> Minority
<input type="checkbox"/> Environment	<input type="checkbox"/> Political Party not part of Party Plan of Org.
<input checked="" type="checkbox"/> Get Out the Vote	<input type="checkbox"/> Religious
<input type="checkbox"/> Health	<input type="checkbox"/> Trade
<input type="checkbox"/> Information Technology / Telecommunications	<input type="checkbox"/> Utilities
<input type="checkbox"/> Insurance	<input type="checkbox"/> Other / Not listed

b. Type (Check only one)

<input type="checkbox"/> Parent Entity	c. Definition of Type
<input type="checkbox"/> Economic Interest	
<input checked="" type="checkbox"/> Political Purpose	

3. Connected Organization or Affiliated Committee

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Relationship
d. Member Definition	

4. Treasurer Information

a. Full Name <i>Alfredo Rodriguez</i>	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number XXXXXXXXXX	d. Email Address <i>ALROD377@gmail.com</i>

5. Custodian of Books Information

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

I prefer to receive notices by email Yes No

Email copy of notices

6. Assistant Treasurer Information

a. Full Name		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address		

7. Account Information (incl. CRO-3500)

a. Financial Institution Full Name <i>Chin Bridge Bank</i>	<input type="checkbox"/> Add	<input type="checkbox"/> Remove
b. Purpose <i>Checking</i>		
c. Account Code <i>CBB</i>	d. Type	

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.

Alfredo Rodriguez
Printed Name of Signer

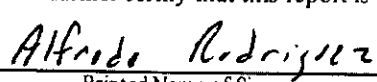

[Signature]
Signature of Appointed Treasurer

3/10/20
Date

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																																					
Citizens for the Betterment of Johnston County																																								
b. Mailing Address (include City, State and Zip Code)			d. Date Filed																																					
10920 Cleveland Road Suite 100 Garner, NC 2529			03/03/2020																																					
			e. Phone Number																																					
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name																																					
2020	03/03/2020	03/03/2020	Alfredo Rodriguez																																					
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)																																						
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Municipal</th> <th style="width:33%;">State/County</th> <th style="width:34%;">Referendum</th> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input checked="" type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>			Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		<input type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special	
Municipal	State/County	Referendum																																						
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<input type="checkbox"/> Special	<input type="checkbox"/> Final																																							
	<input type="checkbox"/> Special																																							
7. Type of Fund (if applicable, check one)		10. Special Report Name																																						
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:																																								
8. Number of Fundraisers this Report																																								
0																																								
3. Account Information		3. Account Information																																						
a. Financial Institution Full Name		a. Financial Institution Full Name																																						
CHAIN BRIDGE BANK																																								
b. Purpose	c. Account Code	b. Purpose	c. Account Code																																					
CHECKING	CBB																																							
	d. Period Begin Balance		d. Period Begin Balance																																					
	\$		\$																																					
CERTIFICATION																																								
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				03/03/2020																																				
Printed Name of Signer		Signature of Appointed Treasurer		Date																																				
FOR OFFICE USE ONLY																																								
Date Received: _____	Employee: _____	Delivery Method																																						
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail																																						
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail																																						
Date Data Entered: _____	Employee: _____	<input 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.																																								

Date of this notice: 02-26-2020

Employer Identification Number:
[REDACTED]

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:
1-800-829-4933

CITIZENS FOR THE BETTERMENT OF
JOHNSTON COUNTY
% THOMAS C DATWYLER
499 S CAPITOL ST SW STE 405
WASHINGTON, DC 20003

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN [REDACTED]. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120POL

04/15/2021

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.