

FEB 09 2026

Amendment
 Yes No

Disclosure Report Cover

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 JOE CINA FOR PENDER COMMISSIONER			c. ID Number	
b. Mailing Address (include City, State and Zip Code) 310 QUARTER HORSE LANE HAMPSTEAD, NC 28443			d. Date Filed 01/30/2026	
			e. Phone Number	
2. Report Year 2025	3. Period Start Date (mm/dd/yy) 07/01/2025	4. Period End Date (mm/dd/yy) 12/31/2025	5. Treasurer Full Name JOSEPH CINA	
6. Type of Committee (Check One) <input checked="" 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		9. Type of Report (check only one type of report from one category)		
7. Type of Fund (if applicable, check one) <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:		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <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	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <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 checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
8. Number of Fundraisers this Report 0		10. Special Report Name		
3. Account Information			3. Account Information	
a. Financial Institution Full Name FIRST CITIZENS BANK			a. Financial Institution Full Name	
b. Purpose FOR CAMPAIGN RELATED ACTIVITY	c. Account Code 01	b. Purpose	c. Account Code	
	d. Period Begin Balance \$ 897.51		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				
Natalee Wallace Printed Name of Signer		Natalee Wallace Signature of Appointed Treasurer <small>Digitally signed by Natalee Wallace Date: 2026.01.30 11:29:29 -05'00'</small>		01/30/2026 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.				

Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" 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	
Joe Cina for Pender Commissioner			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
310 Quarter Horse Lane, Hampstead, NC 28443		12/18/2025	
c. Committee Website (Optional)		f. Phone Number	
		(704) 999-2772	
2. Candidate Information			
a. Full Name		c. Party Affiliation	
Joseph Anthony Cina		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
310 Quarter Horse Lane, Hampstead, NC 28443		District 1 Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
(704) 999-2772	jcina.nhcsso@gmail.com	2026	District 1
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Natalee Katherine Wallace			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
104 Mill Dam Road, Hampstead, NC 28443			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(305) 975-8434	nataleekwallace@gmail.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)		6. Account Information (incl CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		First Citizens Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
c. Phone Number	d. Email Address	c. Type	
<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> <p> <u>Natalee Katherine Wallace</u> <u>[Signature]</u> <u>1/9/2026</u> Printed Name of Treasurer Signature of Appointed Treasurer Date </p> <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> <p> <u>Joseph Anthony Cina</u> <u>[Signature]</u> <u>1/12/2026</u> Printed Name of Candidate Signature of Candidate Date </p>			

CRO-2100A

NC State Board of Elections

November 2019

RECEIVED

JAN 26 2026



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

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

FILED BY:

Committee Name: Joe Cina for Pender Commissioner

Treasurer Name: Natalee Wallace

Treasurer Address: 104 Mill Dam Rd

(include city, state, & zip) Hampstead, NC 28443

Treasurer Phone: (305) 975-8434

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

1/9/2020
Date Signed

[Signature]
Signature

Statement of Organization – Candidate Committee

Is this statement:
 New 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	
JOE CINA TRE PENDER COMMISSIONER			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
310 QUARTER HORSE LAKE NAMPSTAD, NC 28443		12-18-2025	
c. Committee Website (Optional)		f. Phone Number	
		(704)999-2772	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Joseph A. CINA ^{ANTHONY}		REPUBLICAN	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
310 QUARTER HORSE LAKE NAMPSTAD, NC 28443		DISTRICT 1 COMMISSIONER	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-999-2772	JCINA.NHCSO@GMAIL.COM	2026	DISTRICT 1
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Joseph ANTHONY CINA			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
310 QUARTER HORSE LAKE NAMPSTAD, NC 28443			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-999-2772	JCINA.NHCSO@GMAIL.COM		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		FIRST CITIZENS BANK	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			
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.			
Joseph ANTHONY CINA Printed Name of Treasurer		[Signature] Signature of Appointed Treasurer	12/18/25 Date
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.			
Joseph ANTHONY CINA Printed Name of Candidate		[Signature] Signature of Candidate	12/18/25 Date



NORTH CAROLINA STATE BOARD OF ELECTIONS

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

FILED BY:

Committee Name: JOE CINA FOR PENDER COUNTY COMMISSIONER

Treasurer Name: JOSEPH ANTHONY CINA

Treasurer Address: 310 QUARTER HORSE LANE
(include city, state, & zip) HAMPSTEAD, NC 28443

Treasurer Phone: (704) 999-2772

Check One:

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12/18/25
Date Signed

[Signature]
Signature