


# 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).

<b>1. Committee Information</b>					
a. Full Name				c. ID Number	
Archerd for Buncombe County Commission					
b. Mailing Address (include City, State and Zip Code)				d. Date Organized	
PO Box 5411, Asheville, NC 28813				1/27/2012	
				e. Phone Number	
				828-277-2772	
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name			e. Candidate ID Number		f. Party Affiliation
Charles W. Archerd					Republican
					(Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
PO Box 5411, Asheville, NC 28813			Buncombe County Commission		
c. Phone Number	d. Email Address		h. Next Election Year		i. Jurisdiction
828-277-2772	CAC ARCHERD@bell.com Chuck.Archerd.BCC@gmail.com		2012		District 116
<input type="checkbox"/> Email copy of notices					
<b>3. Treasurer Information</b>			<b>4. Custodian of Books Information</b>		
a. Full Name			a. Full Name		
Donald L. Freeland			Barbara Thompson		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
PO Box 5411, Asheville, NC 28813			PO Box 5411, Asheville, NC 28813		
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address	
828-277-2772	evndon1@aol.com		828-277-2772		
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
<b>5. Assistant Treasurer Information</b>			<b>6. Account Information</b> (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove
Barbara Thompson			First Citizens Bank		<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
PO Box 5411, Asheville, NC 28813			Campaign Account		
c. Phone Number	d. Email Address		c. Account Code	d. Type	
828-277-2772	bt@archerdbell.com			Checking	
<input type="checkbox"/> Email copy of notices					
<b>CERTIFICATION</b>					
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.					
Donald L. Freeland					1/27/2012
Printed Name of Signer			Signature of Appointed Treasurer		Date



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

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

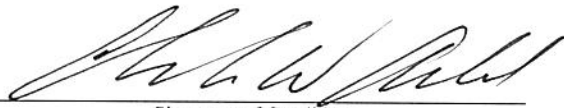
**FILED BY:**

Candidate Name: Charles W. Archerd  
 Treasurer Name: Donald L. Freeland  
 Treasurer Address: PO Box 5411  
 (include city, state, & zip) Asheville, NC 28813  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 828-277-2772

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).

1/27/12  
 Date Signed

  
 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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*Confidential*

**Certification of Financial Account Information**

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form.

**FILED BY:**

Committee Name: Archerd for Buncombe County Commission  
 Treasurer Name: Donald L. Freeland  
 Treasurer Address: PO Box 5411  
 (include city, state, & zip) Asheville, NC 28813  
 Treasurer Phone: 828-277-2772

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number an "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all monies of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other monies.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	First Citizens Bank	PO Box 2220 Asheville, NC 28802	[REDACTED]	Ck

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

1/28/12  
 Date Signed

Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)



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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 nine allowable methods outlined in 163-278.16B(a).

Candidate Name: Charles W Archerd  
 Committee Name: Archerd for Buncombe County Commission  
 Treasurer Name: Donald L Freeland  
 If Candidate is own treasurer, designate an agent to carry out designations: \_\_\_\_\_  
 Committee ID #: \_\_\_\_\_  
 Level Registered: [State]  County If county, specify: Buncombe

I, Charles W Archerd, 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).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Meadows for Congress</u>	<u>100%</u>
2. <u>NC Republican Party</u>	<u>If Meadows for Congress</u>
3. _____	<u>has been terminated</u>

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: [Handwritten Signature]  
 Date: 1-27-12

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