# **Statement of Organization - Candidate Committee**

Is this sta	atement:
New	Amended

Use this form to create a new or update an existing candidate committee.

This	form must be	e accompanied by form	CRO-3500 At	n amended form i	s required for each	n new election year

1. Committee Information						
a. Name of Committee				d	I. ID Number	
b. Mailing Address (incl	ude City, State and Zip Code)				e	. Date Organized
c. Committee Website (C	Optional)				f	. Phone Number
2. Candidate Inform	nation					
a. Full Name			e. Party Affiliation			
1 M. W. A 11 (* 1	1. 64. 64.4		e 0ee . c . 14			
b. Mailing Address (inci	ude City, State, and Zip Code)		f. Office Sought			
c . Phone Number	d. Email Address		g. Next Election Year		h. Jur	risdiction
Email copy of re			4 4 4 4 5	¥ 0		
3. Treasurer Inform	nation		4. Assistant Treas a. Full Name	urer Info	ormat	ion
a. Full Name			a. Full Name			
b. Mailing Address (incl	ude City, State, and Zip Code)		b. Mailing Address (in	clude City	, State	and Zip Code)
	• • • • • • • • • • • • • • • • • • • •				,	· · · · · · · · · · · · · · · · · · ·
			- N N N	1		
c. Phone Number	d. Email Address		c. Phone Number	d. Email	Addre	SS
Send report no	tices by email Yes	□ No	Email copy of a	l report not	ices	
Send report notices by email Yes No  5. Custodian of Books Information (Keeper of Records)		☐ Email copy of report notices <b>6. Account Information</b> (incl. CRO-3500)				
a. Full Name		a. Financial Institution Full Name				
b. Mailing Address (incl	ude City, State, and Zip Code)					
c. Phone Number	d. Email Address		b. Account Code	c. Type		
Email copy of re	eport notices					
	1			l		
L certify that the Co	ommittee is in compliance w	ith all applica	able provisions of A	rticle 22	A of C	hanter 163 of the NC
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.						
uns report is comp	icte, true and correct.					
Printed Name of Treasurer Signat			nature of Appointed Tre	asurer		Date
				organally fulfill 41-		
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						
_		omtea treasui	rer and subject to the	e penaitie	s in A	Arucie 22A of Chapter
163 of the NC Gener	rai Statutes.					
Printed 1	Name of Candidate		Signature of Candidate	e		Date



### **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.

FIL	ED BY:				
Con	nmittee Naı	ne:			
Trea	asurer Nam	e:			
Trea	asurer Addr	ress:			
(incl	ude city, state	, & zip)			
Trea	asurer Phon	e:			
named Co	mmittee. Th	ese account numbers in		roviding all account informati iilized, credit card accounts, 1 c Committee.	
provided i	is only used t	for the purposes of an a	audit or investigation or as	t subject to public disclosure. required by a court of compe e (any number or letter or	etent jurisdiction.
numbers	and letters) b	y which to refer to the		ts. If an account number is use	
The treasu	rer shall mair	ntain all moneys of the p		x account or bank accounts use	ed exclusively by
Type of a	ccount	<b>Financial Institution</b>	Address	Account Number	Account Code
By s	igning this sta	tement, I authorize agen	ats of the State Board of Elec	ctions to inspect all accounts pr	rovided.
	Date Signed			Signature of Candidate or Treasurer	
				Digitature of Canadate of Treasurer	•
For	Candidate C	ommittees Only		Signature of Canadaac of Treasurer	:
In lie exce	eu of providing pt that which	g account information, I is the candidate's person		will not raise any money nor sp nderstand that an audit or inv	pend any money
In lie exce	eu of providing pt that which ant the probe	g account information, I is the candidate's perso of any personal bank acc	onal funds. I furthermore usecount that is being used for count	will not raise any money nor sp nderstand that an audit or inv	pend any money estigation could
In lie exce	eu of providing pt that which ant the probe	g account information, I is the candidate's perso of any personal bank acc	onal funds. I furthermore usecount that is being used for count	will not raise any money nor sp nderstand that an audit or inv campaign expenditures.	pend any money estigation could ounts.



### **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:	
Treasurer Name:	
Treasurer Address:	
(include city, state, & zip)	
_	
_	
Treasurer Phone:	
election cycle under the proceuntil the end of the election cycle expenditures during this elect of elections and file required of the THIS DECLARATION CAN  I am withdrawing my Coto file the next scheduled re	ttee intends to neither receive nor expend more than \$1,000 during the current edures set forth in G.S. 163-278.10A. This certification will remain in effect ycle for this committee. If this committee exceeds \$1,000 in contributions or ion cycle, I understand that I must immediately notify the appropriate board campaign finance reports.  ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.  ertification to remain at or under the \$1,000 threshold. I will now be required eport for all contributions and expenditures that have not been previously f the current election cycle. I further agree to file all future reports required.
Date Signed	Signature



## **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).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.				
Candidate Name:				
Committee Name:				
Treasurer Name:				
If Candidate is own tr	easurer, designate an ago	ent to carry out designations:		
Committee ID #:				
Level Registered:	[State] [County] If cour	nty, specify:		
funds remaining in modebts or reasonable effollowing manner as particular to the second secon	y Campaign Committee	ct that in the event of my death or incapacity all account(s) (after payment of permitted outstanding the Committee or closing office) be paid in the Stat. 163-278.16B(a).  Plan for Disbursement (eg. Amount or %)		
1				
2				
3				
		ng entities are eligible beneficiaries under N.C. orm should be maintained with the Committee		
Signature of Candidat	e:			
Date:				