



Amendment
 Yes No

Statement of Organization - Candidate Committee

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.

1. Committee Information			
a. Full Name Reelect Don Beal For Council Don Adrian Beal		c. ID Number 1D0D27	
b. Mailing Address (include City, State and Zip Code) 1113 3rd Ave. NW CONOVER N.C. 28613		d. Date Organized 7-1-2011	
		e. Phone Number 828-381-6801	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name Don Adrian Beal		c. Candidate ID Number 1D0D27	d. Party Affiliation
b. Mailing Address (include City, State, and Zip Code) 1113 3rd Ave NW, CONOVER, NC, 28613		e. Office Sought CONOVER CITY COUNCIL	f. Jurisdiction
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Don A. Beal		a. Full Name Don Adrian Beal	
b. Mailing Address (include City, State, and Zip Code) 1113 3rd Ave. NW, CONOVER NC. 28613		b. Mailing Address (include City, State, and Zip Code) 1113 3rd Ave. NW, CONOVER N.C. 28613	
c. Phone Number 828-381-6801	d. Email Address DonBeal49@yahoo.com	c. Phone Number 828-381-6801	d. Email Address DonBeal49@yahoo.com
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name Clydio H. Beal		a. Financial Institution Full Name Peoples Bank	
b. Mailing Address (include City, State, and Zip Code) 1113 3rd Ave NW, CONOVER N.C. 28613		b. Purpose POLITICAL	
c. Phone Number 828-381-2801	d. Email Address	c. Account Code 4949	d. Type Checking
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.			
_____ Don A. Beal Printed Name of Signer		_____ Don A. Beal Signature of Appointed Treasurer	
		7-11-2011 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

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: _____

Treasurer Name: _____

Treasurer Address: _____

(include city, state, & zip)

Treasurer Phone: _____

**This page filed with the
 State Board of Elections**

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 a "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 moneys 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 moneys.

Type of account	Financial Institution	Address	Account Number	Account Code

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

 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.)

 Date Signed

 Signature of Candidate or Treasurer



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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: Don A. Beal
 Treasurer Name: Don A. Beal
 Treasurer Address: 1113 3rd Ave. NW
 (include city, state, & zip) CONOVEN, NC - 28613

 Treasurer Phone: 828-464-6801

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).

7-11-2011
 Date Signed

Don A. Beal
 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: Don A. Beal
 Committee Name: P.B. Don Admin Fund *Re elect Don Beal for Council*
 Treasurer Name: Don A. Beal
 If Candidate is own treasurer, designate an agent to carry out designations: Clydie
 Committee ID #: ID0027
 Level Registered: [State] [County] If county, specify: Catawba

I, Don A. Beal, 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 <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>Salvation Army</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: Don A. Beal
 Date: 7-11-2011

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