



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 | | c. ID Number | |
| BYRAN Allen Wright For Alderman | | BDUIN7 | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Organized | |
| 82 20 th AVE SW Hickory, NC 28602 | | 7-13-2011 | |
| | | e. Phone Number | |
| | | 828-455-8985 | |
| 2. Candidate Information | | <input type="checkbox"/> Candidate's Primary Committee | |
| a. Full Name | | c. Candidate ID Number | d. Party Affiliation |
| BYRAN Allen Wright | | BDUIN7 | Nonpartisan |
| b. Mailing Address (include City, State, and Zip Code) | | e. Office Sought | f. Jurisdiction |
| 82 20 th AVE SW Hickory, NC 28602 | | Alderman | Brockford |
| <i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i> | | | |
| 3. Treasurer Information | | 4. Custodian of Books Information | |
| a. Full Name | | a. Full Name | |
| BYRAN Allen Wright | | | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Mailing Address (include City, State, and Zip Code) | |
| 82 20 th AVE SW Hickory, NC 28602 | | | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Address |
| 828-455-8985 | | | |
| 5. Assistant Treasurer Information | | <input type="checkbox"/> Add | |
| a. Full Name | | <input type="checkbox"/> Remove | |
| | | | |
| b. Mailing Address (include City, State, and Zip Code) | | 6. Account Information (incl. CRO-3500) | |
| | | <input type="checkbox"/> Add | |
| | | <input type="checkbox"/> Remove | |
| | | a. Financial Institution Full Name | |
| | | Carter Bank & Trust | |
| | | b. Purpose | |
| | | Campaign | |
| c. Phone Number | d. Email Address | c. Account Code | d. Type |
| | | 7244 | 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. | | | |
| <u>BYRAN A. Wright</u> | | <u>Byran Wright</u> | |
| Printed Name of Signer | | Signature of Appointed Treasurer | |
| | | 7-13-11 | |
| | | Date | |



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

Kimberly Westbrook-Strach
 Deputy Director – Campaign Reporting

Mailing Address
 P O 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: Byran Allen Wright
 Treasurer Name: Byran Allen Wright
 Treasurer Address: 82 20th Ave SW
 (include city, state, & zip) Hickory, NC 28602

 Treasurer Phone: 828 - 455 - 8985

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).

7-13-11
 Date Signed

Byran Allen Wright
 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: Byran Allen Wright
 Committee Name: Byran Allen Wright for Alderman
 Treasurer Name: Byran Allen Wright
 If Candidate is own treasurer, designate an agent to carry out designations: Jessica H. Wright
 Committee ID #: BDLIN7
 Level Registered: [State] (County) If county, specify: Catawba

I, Byran Allen Wright, 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>Human Society</u> | <u>100%</u> |
| 2. <u>(Catawba County)</u> | _____ |
| 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: Byran Allen Wright
 Date: 7-13-11

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