Date 7-6-12

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).

1. Committee Information

a. Full Name	c. ID Number
~~MARCUS FRANKLIN GRAVLEY~~ COMMITTEE TO ELECT MARK GRAVLEY	TDUEI2
b. Mailing Address (include City, State and Zip Code)	**d. Date Organized**
3151 17TH ST LANE NE HICKORY, NC 28601	6-27-12
	e. Phone Number
	828-303-0548

2. Candidate Information

☒ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
MARCUS FRANKLIN GRAVLEY	TDUEI2	REPUBLICAN
		(Indicate Non-partican if applicable)
b. Mailing Address (include City, State, and Zip Code)	**g. Office Sought**	
3151 17TH ST LANE NE HICKORY, NC 28601	CATAWBA COUNTY SCHOOL BOARD	
c. Phone Number / **d. Email Address**	**h. Next Election Year**	**i. Jurisdiction**
828-303-0548 / M.GRAVLEY@HOTMAIL.COM		

☐ Email copy of notices

3. Treasurer Information

a. Full Name
MARCUS FRANKLIN GRAVLEY
b. Mailing Address (include City, State, and Zip Code)
3151 17TH ST LANE NE HICKORY, NC ~~28602~~ 28601
c. Phone Number / **d. Email Address**
828-303-0548 / M.GRAVLEY@HOTMAIL.COM

I prefer to receive notices by email ☒ Yes ☐ No

4. Custodian of Books Information

a. Full Name
b. Mailing Address (include City, State, and Zip Code)
c. Phone Number / **d. Email Address**

RECEIVED JUL 02 2012

☐ Email copy of notices

5. Assistant Treasurer Information

☐ Add ☐ Remove

a. Full Name
b. Mailing Address (include City, State, and Zip Code)
c. Phone Number / **d. Email Address**

☐ Email copy of notices

6. Account Information (incl. CRO-3500)

☐ Add ☐ Remove

a. Financial Institution Full Name	
PEOPLES BANK	
b. Purpose	
CAMPAIGN FINANCE	
c. Account Code	**d. Type**
6289	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.

Printed Name of Signer	Signature of Appointed Treasurer	Date
MARCUS F GRAVLEY	Marcus F Gravley	6-27-12

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: MARCUS F GRAVLEY

Treasurer Name: MARCUS F GRAVLEY

Treasurer Address: 3151 17TH ST LANE NE

(include city, state, & zip) HICKORY, NC 28601

Treasurer Phone: 828-303-0548

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).

6-27-12
Date Signed

Marcus F Gravley
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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Raleigh, NC 27603

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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: _____

Treasurer Name: _____

Treasurer Address: _____

(include city, state, & zip) _____

Treasurer Phone: _____

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

For Candidate Committees Only

☐ In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

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

_____ Date Signed

_____ Signature of Candidate or Treasurer

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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.

FILED BY:

Committee Name: COMMITTE TO ELECT MARK GRANLEY

Treasurer Name: MARK GRANLEY

Treasurer Address: 3151 17TH ST LANE NE

(include city, state, & zip) HICKORY, NC 28601

Treasurer Phone: 828-303-0548

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.

10-27-12
Date Signed

Marcus T Granley
Signature

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: MARCUS GRAVLEY

Committee Name: COMMITTEE TO ELECT MARK GRAVLEY

Treasurer Name: MARK GRAVLEY

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: TDUEIZ

Level Registered: [State] (County) If county, specify: CATAWBA

I, MARCUS GRAVLEY (Name of Candidate), hereby direct that in the event of my death or incapacity all 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 *(Select from §163-278.16B(a))*	Plan for Disbursement (eg. Amount or %)
1. FIRST UNITED METHODIST CHURCH	100%
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: Marcus T Gravley

Date: 6-27-12

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