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
Don Beal for Mayor	
b. Mailing Address (include City, State and Zip Code)	**d. Date Organized**
1113 3rd Ave NW, Conover, NC 28613	7/16/2013
	e. Phone Number
	828-381-6801

2. Candidate Information ☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Don Adrian Beal		Non-Partisan (Indicate Non-partican if applicable)
b. Mailing Address (include City, State, and Zip Code)	**g. Office Sought**	
1113 3rd Ave NW, Conover, NC 28613	Conover Mayor	
c. Phone Number / **d. Email Address**	**h. Next Election Year**	**i. Jurisdiction**
828-381-6801 / donbeal49@yahoo.com		Municipality of Conover

☐ Email copy of notices

3. Treasurer Information

a. Full Name: Don Adrian Beal

b. Mailing Address (include City, State, and Zip Code): 1113 3rd Ave NW, Conover, NC 28613

c. Phone Number: 828-381-6801

d. Email Address: donbeal49@yahoo.com

I prefer to receive notices by email ☐ Yes ☐ No

4. Custodian of Books Information

a. Full Name: N/A

b. Mailing Address (include City, State, and Zip Code):

c. Phone Number:

d. Email Address:

☐ 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: Political

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 Adrian Beal	Don Adrian Beal	7/16/2013
Printed Name of Signer	Signature of Appointed Treasurer	Date

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

Kim Westbrook Strach
Executive Director

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: Don Adrian Beal

Treasurer Name: Don Adrian Beal

Treasurer Address: 1113 3rd Ave NW

(include city, state, & zip) Conover, NC 28613

Treasurer Phone: 828-381-6801

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).

07/16/2013
Date Signed

Don Adrian 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: Don Beal for Mayor

Treasurer Name: Don A. Beal

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

Committee ID #: 8DUC85
Level Registered: [State] [County] If county, specify: Catawba County

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I, Don A. Beal (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. Salvation Army	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: Don Alvin Beal

Date: 07-16-2013

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