JUL 29 2013

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 (when amending, only re-submit if applicable).

Amendment ☐ Yes ☒ No

1. Committee Information

a. Full Name: Committee to Elect Candice Harold for Mayor

c. ID Number:

b. Mailing Address (include City, State and Zip Code): 762 8th Avenue Court Southeast Hickory, North Carolina 28602-3929

d. Date Organized: 7/19/13

e. Phone Number: (828) 409-7242

2. Candidate Information

☒ Candidate's Primary Committee

a. Full Name: Candice Harold

e. Candidate ID Number: 5DUK3Q

f. Party Affiliation: (Indicate Non-partican if applicable)

b. Mailing Address (include City, State, and Zip Code): 762 8th Avenue Court Southeast Hickory, North Carolina 28602

g. Office Sought: Mayor of Hickory

c. Phone Number: (828) 409-7242

d. Email Address: candiceharold@aol.com

☒ Email copy of notices

h. Next Election Year:

i. Jurisdiction: City of Hickory

3. Treasurer Information

a. Full Name: Candice Harold

b. Mailing Address (include City, State, and Zip Code): 762 8th Avenue Court Southeast Hickory, North Carolina 28602

c. Phone Number: (828) 409-7242

d. Email Address: candiceharold@aol.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:

☐ Email copy of notices

5. Assistant Treasurer Information

☐ Add ☐ Remove

a. Full Name: Not Applicable

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: USAA Federal Bank

b. Purpose: Political Campaign

c. Account Code: CEH

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.

Candice Harold — Printed Name of Signer

Candice Harold — Signature of Appointed Treasurer

7/26/13 — 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

JUL 29 2013

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: Candice Harold

Treasurer Name: Candice Harold

Treasurer Address: 762 8th Avenue Court Southeast
(include city, state, & zip) Hickory, North Carolina
28602-3929

Treasurer Phone: (828) 409-7242

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).

7/24/13
Date Signed

Candice Harold
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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JUL 26 2013

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: Candice Harold

Committee Name: Committee to Elect Candice Harold for Mayor

Treasurer Name: Candice Harold

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

Committee ID #:

Level Registered: [State] [County] If county, specify: Catawba County

I, Candice Harold (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. American Cancer Society	50%
2. Disabled American Veterans	50%
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: Candice Harold

Date: 7/26/13

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