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: Joseph (Jody) Inglefield for Mayor	c. ID Number:
b. Mailing Address (include City, State and Zip Code): 341 Vic Court, Hiddenite, NC 28636	d. Date Organized: 7/17/2013
	e. Phone Number: 828-310-6598

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name: Joseph (Jody) Inglefield	e. Candidate ID Number: IDUF77	f. Party Affiliation: Democrat (Indicate Non-partican if applicable)
b. Mailing Address (include City, State, and Zip Code): 510 11th Ave PI NW Hickory, NC 28601	g. Office Sought: Mayor	
c. Phone Number:	d. Email Address:	h. Next Election Year: 2013
		i. Jurisdiction:

☐ Email copy of notices

3. Treasurer Information

a. Full Name: Timothy H. Keever	
b. Mailing Address (include City, State, and Zip Code): 341 Vic Court, Hiddenite, NC 28636	
c. Phone Number: 828-310-6598	d. Email Address: tkeever@taylorsvillesavings.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:	
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: Taylorsville Savings Bank	
b. Purpose: Campaign Finance	
c. Account Code: Jody	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.

Timothy H. KEEVER — Printed Name of Signer

Timothy H. Keever — Signature of Appointed Treasurer

7-17-13 — 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

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: Joseph (Jody) Inglefield

Treasurer Name: Timothy Keever

Treasurer Address: 341 Vic Court

(include city, state, & zip) Taylorsville, NC 28681

Treasurer Phone: 828-310-6598

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).

8-5-13
Date Signed

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: Joseph (Jody) Inglefield

Committee Name: Joseph (Jody) Inglefield for Mayor

Treasurer Name: Timothy Keever

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

Committee ID #: IDUF77
Level Registered: [State] [County] If county, specify: County/Muncipal

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I, Joseph Inglefield (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. Catawba Medical Foundation	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: _____

Date: 08/07/2013

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