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
Committee to Elect Franklin Lawson	
b. Mailing Address (include City, State and Zip Code)	**d. Date Organized**
PO Box 2664, Hickory, NC 28603	11/21/2013
	e. Phone Number
	828-320-4228

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Randy Franklin Lawson Sr. (Franklin)		Republican (Indicate Non-partican if applicable)
b. Mailing Address (include City, State, and Zip Code)	**g. Office Sought**	
PO Box 2664, Hickory, NC 28603	Commissioner, Catawba County, NC	

c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
828-320-4228	rfranklinlawson@yahoo.com	2014	Catawba County

☐ Email copy of notices

3. Treasurer Information

a. Full Name	
Marcia Flowers Boyd	
b. Mailing Address (include City, State, and Zip Code)	
411 14th Ave NW, Hickory NC 28601	
c. Phone Number	**d. Email Address**
828-455-3566	luckydawggroom@yahoo.com

I prefer to receive notices by email ☑ Yes ☐ No

4. Custodian of Books Information

a. Full Name	
Marcia Flowers Boyd	
b. Mailing Address (include City, State, and Zip Code)	
411 14th Ave NW, Hickory, NC 28601	
c. Phone Number	**d. Email Address**
828-455-3566	luckydawggroom@yahoo.com

☐ Email copy of notices

5. Assistant Treasurer Information

☐ Add ☐ Remove

a. Full Name	
Randy Franklin Lawson Sr. (Franklin)	
b. Mailing Address (include City, State, and Zip Code)	
PO Box 2664, Hickory, NC 28603	
c. Phone Number	**d. Email Address**
828-320-4228	franklinlawson4commissioner@yahoo.com

☐ Email copy of notices

6. Account Information *(incl. CRO-3500)*

☐ Add ☐ Remove

a. Financial Institution Full Name	
First Citizens Bank	
b. Purpose	
Campaign Finances	
c. Account Code	**d. Type**
RFL	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.

Marcia Boyd — Printed Name of Signer

Marcia Boyd — Signature of Appointed Treasurer

11-21-13 — 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:	Randy Franklin Lawson Sr. (Franklin)
Treasurer Name:	Marcia Boyd
Treasurer Address:	411 14th Ave NW
(include city, state, & zip)	Hickory
	NC
	28601
Treasurer Phone:	828-455-3566

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).

11/22/13
Date Signed

Signature of Candidate

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

North Carolina
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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: R. Franklin Lawson

Committee Name: Committee to Elect Franklin Lawson

Treasurer Name: Marcia Boyd

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

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

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I, Franklin Lawson (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. Sandy Ridge Baptist 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: _____

Date: NOV. 22, 2013

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