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 Re-Elect Brad Lail	81YGZX
b. Mailing Address (include City, State and Zip Code)	**d. Date Organized**
548 North Center Street Hickory, NC 28601	
	e. Phone Number
	828-322-3510

2. Candidate Information ☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Bradley (Brad) Charles Lail	81YGZX	Unaffiliated (Indicate Non-partisan if applicable)

b. Mailing Address (include City, State, and Zip Code)	g. Office Sought
548 North Center Street Hickory, NC 28601	Hickory Alderman Ward 1

c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
828-322-3510	bradlail@charter.net		

☒ Email copy of notices

3. Treasurer Information

a. Full Name
Bradley (Brad) Charles Lail

b. Mailing Address (include City, State, and Zip Code)
548 North Center Street Hickory, NC 28601

c. Phone Number	d. Email Address
828-322-3510	bradlail@charter.net

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
Peoples Bank

b. Purpose
checking account

c. Account Code	d. Type
BCL001	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.

Bradley Charles Lail	Bradley Charles Lail	08-08-11
Printed Name of Signer	Signature of Appointed Treasurer	Date

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

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:

This page filed with the State Board of Elections

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

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. *(Only candidates may choose this option.)*

Date Signed

Signature of Candidate or Treasurer

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: Brad Lail

Treasurer Name: Brad Lail

Treasurer Address: 548 N Center St

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

Treasurer Phone: (828) 322-3510

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).

7/29/11
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
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

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: Brad Lail

Committee Name: Committee to Re-Elect Brad Lail

Treasurer Name: Brad Lail

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

Committee ID #: 81YGZX

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

---

I, _____, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
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. SALT BLOCK 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: Brad Charles Lail

Date: 7/29/11

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