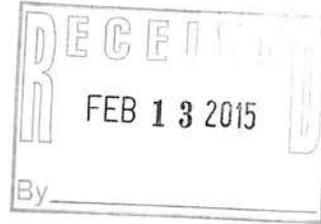




North Carolina
 State Board of Elections
 441 N Harrington Street
 Raleigh, NC 27603



Kim Westbrook Strach
 Executive Director

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173

Certification to Return to Active Status

This Certification is used by Candidate, Party, PACs and Referendum Committees which have previously filed the Certification of Inactive Status and now wish to return to an active status.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name:

Don Beal for Mayor

Treasurer Name:

Don Beal

Treasurer Address:

1113 3rd Ave NW

(include city, state, & zip)

Conover, NC 28613

Treasurer Phone:

(828) 381-6801

I certify that the above named candidate/political committee, which has been of **inactive status** and exempt from filing disclosure reports, intends to accept contributions and/or make expenditures. This intention of activity alters the status of the above named candidate/political committee to **active status** and requires such committee to begin filing disclosure on the appropriate schedule. All contributions received and/or expenditures made that have not been previously reported will be disclosed on the next scheduled report and all subsequent reports will be filed as scheduled. An amended Statement of Organization (CRO-2100 A-G) must accompany this form.

2/12/15
 Date Signed

Don Beal
 Signature

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).

RECEIVED
FEB 13 2015

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

1. Committee Information	
a. Full Name	c. ID Number
Re-Elect Don	8DUC85
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		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	e. Candidate ID Number	f. Party Affiliation	
Don Adrian Beal		Non-Partisan	
		(Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought		
1113 3rd Ave NW, Conover, NC 28613	Councilman		
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
828-381-6801	donbeal49@yahoo.com		Conover
<input type="checkbox"/> Email copy of notices			

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Don Adrian Beal			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1113 3rd Ave NW, Conover, NC 28613			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-381-6801	donbeal49@yahoo.com		

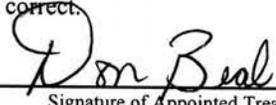
I prefer to receive notices by email Yes No Email copy of notices

5. Assistant Treasurer Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove		6. Account Information (incl. CRO-3500)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name		b. Purpose			
		Peoples Bank		Campaign Account			
b. Mailing Address (include City, State, and Zip Code)		c. Account Code	d. Type				
		4949	Checking				
c. Phone Number	d. Email Address						
<input type="checkbox"/> Email copy of notices							

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.

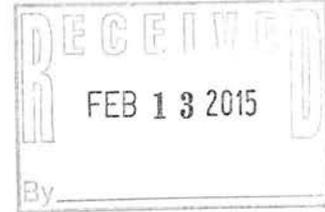
 Don Adrian Beal
 Printed Name of Signer


 Signature of Appointed Treasurer

 2/13/2015
 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

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 Adrian Beal

Committee Name: Re Elect Don

Treasurer Name: Don Adrian 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

I, Don Adrian Beal hereby direct that in the event of my
 (Name of Candidate)

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).

<u>Name of Entity</u> <i>(Select from §163-278.16B(a))</i>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Salvation Army</u>	<u>100%</u>
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: 02/13/2015

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