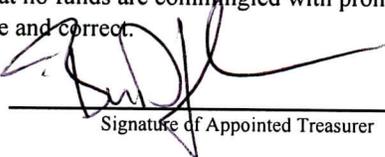


Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
Bryan Graham for School Board		3DUS0T	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
843 7th St NW, Hickory, NC 28601		8/17/2015	
		e. Phone Number	
		828-303-0083	
2. Candidate Information			
<input type="checkbox"/> Candidates Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Bryan D. Graham		3DUS0T	Non-partisan
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
843 7th St NW, Hickory, NC 28601		School Board Member	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
828-303-0083	bryandgraham@gmail.com		Hickory City - At Large
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Debbie Hull			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
221 13th Ave Place NW, Hickory, NC 28601			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-328-5581	dhull082@gmail.com		
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		First Citizens Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Account	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		BDG	Checking
<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.			
Bryan D. Graham			8/17/2015
Printed Name of Signer		Signature of Appointed Treasurer	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:

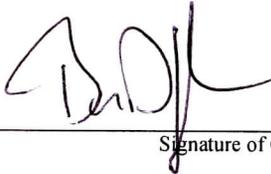
Candidate Name: Bryan Graham for School Board
 Treasurer Name: Debbie Hull
 Treasurer Address: 221 13th Ave Place NW
 (include city, state, & zip) Hickory, NC 28601

 Treasurer Phone: 828-328-5581

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).

08/17/2015
 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
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Raleigh, NC 27603

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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: Bryan Graham

Committee Name: Bryan Graham for School Board

Treasurer Name: Debbie Hull

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

Committee ID #: _____

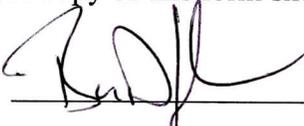
Level Registered: [State] [County] If county, specify: Catawba County

I, Bryan Graham 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>Sipè Orchard Home</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: 08/17/2015

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