

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
M. Dale Sherrill for Claremont City Council	RDUU44
b. Mailing Address (include City, State and Zip Code) PO BOX 205 Claremont, NC 28610	d. Date Organized
	7/17/2015
	e. Phone Number
	828-459-2192

2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee
a. Full Name	e. Candidate ID Number	f. Party Affiliation
M. Dale Sherrill for Claremont City Council	RDUU44	
b. Mailing Address (include City, State, and Zip Code) PO BOX 205 Claremont, NC 28610	g. Office Sought	
	Claremont City Council	
c. Phone Number	d. Email Address	h. Next Election Year
828-459-2192	mdale@commscope.com	
<input type="checkbox"/> Email copy of notices		i. Jurisdiction

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
M. Dale Sherrill			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
PO BOX 205 Claremont, NC 28610			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-459-2192			

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	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		NA	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<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.

M. DALE SHERRILL _____ 7/17/2015
 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 Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

FILED BY:

Committee Name: M. Dale Sherrill for Claremont City Coun

Treasurer Name: M. Dale Sherrill

Treasurer Address: PO BOX 205

(include city, state, & zip) Claremont, NC 28610

Treasurer Phone: 828-459-2192

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

07/17/2015
Date Signed

Michael Dale Sherrill
Signature

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: M. Dale Sherrill

Committee Name: M. Dale Sherrill for Claremont City Council

Treasurer Name: M. Dale Sherrill

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

Committee ID #: RDUU44

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

I, M. Dale Sherrill 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>Rising Hope Farms</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: Michael Dale Sherrill

Date: 07/17/2015

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