

# Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.

JUN 29 2015

Amendment

Yes

No

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 Bob Smyre			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
400 E. Boyd Street, Maiden, NC 28650			
		e. Phone Number	
		828-428-9753	

## 2. Candidate Information

Candidate's Primary Committee

a. Full Name		e. Candidate ID Number		f. Party Affiliation	
Robert L. Smyre				non-partisan <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
400 E. Boyd Street, Maiden, NC 28650		Maiden Mayor			
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
828-428-9753				Town of Maiden	
<input type="checkbox"/> Email copy of notices					

## 3. Treasurer Information

a. Full Name	
Robert L. Smyre	
b. Mailing Address (include City, State, and Zip Code)	
400 E. Boyd Street, Maiden, NC 28650	
c. Phone Number	d. Email Address
828-428-9753	

## 4. Custodian of Books Information

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address

I prefer to receive notices by email  Yes  No

Email copy of notices

## 5. Assistant Treasurer Information

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

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

a. Financial Institution Full Name		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
N/A			
b. Purpose			
Campaign Account			
c. Account Code	d. Type		

## 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.

Robert L. Smyre  
Printed Name of Signer

  
Signature of Appointed Treasurer

6/18/2015  
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

**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: Committee to Re-Elect Bob Smyre

Treasurer Name: Robert L. ( Bob ) Smyre

Treasurer Address: 400 E. Boyd Street

(include city, state, & zip) Maiden NC 28650

Treasurer Phone: 828-428-9753

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.

6-29-15  
Date Signed

Robert L. Smyre  
Signature

**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  
 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: Robert L. ( Bob) Smyre  
 Treasurer Name: Robert L. ( Bob) Smyre  
 Treasurer Address: 400 E. Boyd Street  
 (include city, state, & zip) Maiden NC 28650  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 828-428-9753

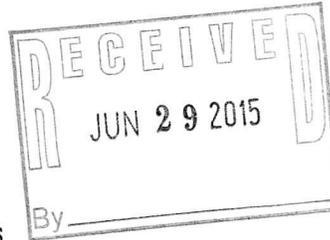
I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the 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).

6-29-15  
 Date Signed

Robert L. Smyre  
 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  
 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: Robert L Smyre

Committee Name: Committee to Re-Elect Bob Smyre

Treasurer Name: Robert L Smyre

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

Committee ID #: \_\_\_\_\_

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

I, Robert L Smyre 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>Catawba Valley Hospice</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: Robert L Smyre

Date: 06/18/2015

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