

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	
Troy Sigman for County Commissioner			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
5051 S NC HWY 127 Hickory NC 28602		9/17/2015	
		e. Phone Number	
		704-462-4227	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Troy Sigman			Republican <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
5051 S NC HWY 127 Hickory NC 28602		County Commissioner	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
704-462-4227	troysigmanii@yahoo.com	2016	County
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Funds Information	
a. Full Name		a. Full Name	
Troy Sigman			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
5051 S NC HWY 127 Hickory NC 28602			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-462-4227			
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 <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name	
		Wells Fargo 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
		TAS1	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.			
Troy Sigman			9/17/2015
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: Troy Sigman for County Commissioner

Treasurer Name: Troy Sigman

Treasurer Address: 5051 S NC HWY 127

(include city, state, & zip) Hickory NC 28602

Treasurer Phone: 704-462-4227

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).

09/17/2015

Date Signed

Troy Sigman
Signature of Candidate

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: Troy Sigman for County Commissioner

Committee Name: Troy Sigman

Treasurer Name: Troy Sigman

If Candidate is own treasurer, designate an agent to carry out designations: Brenda H Sigman

Committee ID #: _____

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

I, Troy Sigman 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> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Wesley Chapel UMC</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: Troy Sigman

Date: 09/17/2015

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