Statement of Organization - Candidate Committee Use this form to create a new or undate an existing condidate account.

Amendment Yes X No

Ose this form to create a new or update an existing candidate committee.					
This form must be a	accompanied by forms CRO-3100 and CRO-	-3500 (when amendin	g, only re-su	ıbmit if applicable).	
1. Committee Info	rmation			West telephones stemps	
				c. ID Number	
	aiden Town Council			6DUG4H	
	nclude City, State and Zip Code)			d. Date Organized	
1029 E Main St Maiden, NC 28650	1			7/21/2017	
ivialden, i.e.	â.			e. Phone Number	
2. Candidate Infor				828-428-8188	
a. Full Name	mation	e. Candidate ID N		date's Primary Committee	
		e. Candidate 15 13	umber	f. Party Affiliation	
Richard Yancie Fox	X	6DU	G4H	Non-Partisan	
b. Mailing Address (in	nclude City, State, and Zip Code)	g. Office Sought		(Indicate Non-partican if applicable	
1029 E Main St	titue City, ciarry, and a pro-	g. Omee season			
Maiden, NC 28650			Town (Council	
c . Phone Number	d. Email Address	h. Next Election Y	'ear	i. Jurisdiction	
828-428-8188	maidenwx68@yahoo.com				
☐ Email copy of		2017		Maiden	
3. Treasurer Information		4. Custodian of	f Books Inf	ormation	
a. Full Name		a. Full Name			
Richard Yancie Fox	Ç		N/	/A	
	clude City, State, and Zip Code)	b. Mailing Addres	s (include Cit	ty, State, and Zip Code)	
1029 E Main St					
Maiden, NC 28650					
c. Phone Number	d. Email Address	c. Phone Number	d. Email Ad	ddress	
828-428-8188	maidenwx68@yahoo.com				
	e notices by email \(\square\text{Yes} \square\text{I} \)	No 🔲 Email cop	v of notice	ne	
5. Assistant Treasu			6. Account Information (incl. CRO-3500) Add		
a. Full Name	Remove	a. Financial Institu			
	N/A		N/	/A	
b. Mailing Address (inc	clude City, State, and Zip Code)	b. Purpose			
		1			
c. Phone Number	d. Email Address	c. Account Code	d. Type		
			W J.		
E		_	1		
Email copy of CERTIFICATION					
	ommittee or Fund is in compliance with a	all applicable provis	ione of Arti	:-I- 22 A 22R & 22D-	
22M of Chapter 16	63 of the NC General Statutes and that no	o funds are comming	gled with pr	ohibited or other non-	
disclosed funds. I	further certify that this report is complete	e, true and correct.	Paragraph and American	1	
Kinha	O 11 For /	~ / he	1	7/21/17	
Print	ted Name of Signer	Signature of Appointed T	Freasurer		



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 2761-7255 (919) 733-7173

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:

Richard Yancie Fox

Treasurer Name:

Richard Yancie Fox

Treasurer Address:

1029 E Main St

(include city, state, & zip)

Maiden, NC 28650

Treasurer Phone:

828-428-8188

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).

Date Signed

Signature

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



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State Board of Elections

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Kim Westbrook Strach Executive Director

CRO-3600

Mailing Address PO Box 27255 Raleigh, NC 2761-7255 (919) 733-7173

July 2014

Certification of Threshold

This Certification is used to delcare or whithdraw 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:	Richard Fox for Maiden Town Council		
Treasurer Name:	Richard Yancie Fox		
Treasurer Address:	1029 E Main St		
(include city, state, & zip)	Maiden, NC 28650		
Treasurer Phone:	828-428-8188		
election cycle under the puntil the end of the elecit or expenditures during the of elections and file reques THIS DISCLAIMER CA	nmittee intends to neither receive nor expend more than \$1,000 during the current procedures set forth in G.S. 163-278.10A. This certification will remain in effect on cycle for this committee. If this committee exceeds \$1,000 in contributions has election cycle, I understand that I just immediately notify the appropriate board ired campaign finance reports. AN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. A Certification to remain under the \$1,000 threshold. I will now be required to file a for all contributions and expenditures that have not been previously repoerted from the election cycle. I further agree to file all future reports required.		
Note: This Certification is	to be filed at the Election Board where the committee's campaign reports are filed.		

Certification of Threshold



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 2761-7255 (919) 733-7173

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: Richard Yancie Fox Committee Name: Richard Fox for Maiden Town Council Treasurer Name: Richard Yancie Fox If Candidate is own treasurer, designate an agent to carry out designations: Martha Armstrong Committee ID#: 6DUG4H Level Registered: [State] [County] If county, speci Catawba Richard Yancie Fox hereby direct that in the event of my 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). Name of Entity Plan for Disbursement (eg. Amount or %) (Select from §163-278.16B(a)) 1. ECCCM 100% 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:

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