

Statement of Organization - Candidate Committee

Amendment

☐ Yes☒ 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

Committee to Elect Will Locke

c. ID Number

b. Mailing Address (include City, State and Zip Code)

PO BOX 9641
Hickory, NC 28603

d. Date Organized

7/21/2017

e. Phone Number

828-781-7496

2. Candidate Information

Candidate's Primary Committee

a. Full Name

William Jenkins Locke

e. Candidate ID Number

f. Party Affiliation

Non-Partisan

(Indicate Non-partisan if applicable)

b. Mailing Address (include City, State, and Zip Code)

PO BOX 9641
Hickory, NC 28603

g. Office Sought

Mayor

c. Phone Number

828-781-7496

d. Email Address

will@lockeformayor.com

h. Next Election Year

2017

i. Jurisdiction

Hickory

☐ Email copy of notices**3. Treasurer Information**

a. Full Name

Mike Loeb

b. Mailing Address (include City, State, and Zip Code)

PO BOX 9641
Hickory, NC 28603

c. Phone Number

202-415-3090

d. Email Address

michael.loeb22@gmail.com

4. Custodian of Books Information

a. Full Name

N/A

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**☐ Add☐ Remove

a. Full Name

N/A

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

6. Account Information (incl. CRO-3500)☐ Add☐ Remove

a. Financial Institution Full Name

N/A

b. Purpose

c. Account Code

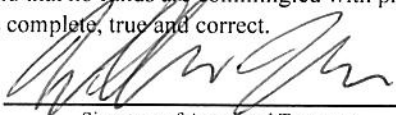
d. Type

☐ 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.

William Locke

Printed Name of Signer



Signature of Appointed Treasurer

7/21/17

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 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: William Jenkins Locke

Treasurer Name: Mike Loeb

Treasurer Address: PO BOX 9641

(include city, state, & zip) Hickory, NC 28603

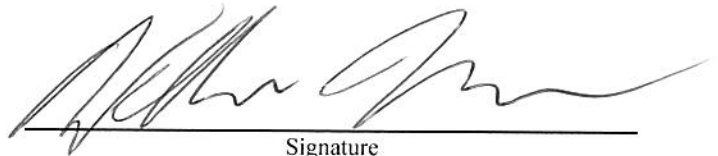
Treasurer Phone: 202-415-3090

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).

7/21/17

Date Signed


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 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: William Jenkins Locke
Committee Name: Committee to Elect Will Locke
Treasurer Name: Mike Loeb
If Candidate is own treasurer, designate an agent to carry out designations: N/A
Committee ID#: 0
Level Registered: [State] [County] If county, speci Catawba

I, William Jenkins Locke 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>Friends of Hickory</u>	<u>50%</u>
2. <u>Hickory Soup Kitchen</u>	<u>50%</u>
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: 7/21/17

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