Amendme	ent
Yes	X No

	de a new or undate an existing condidate comme			Yes X No
This form must be ac	ate a new or update an existing candidate commercement by forms CRO-3100 and CRO-35	nittee.		10.12
1. Committee Info	ecompanied by forms CRO-3100 and CRO-35 ormation	,00 (when amending,	only re-subn	nit if applicable).
a. Full Name		AND THE PROPERTY OF THE PARTY O	7.7	c. ID Number
Bill McGregor for Alderman			QDU6QX	
b. Mailing Address (inc	nclude City, State and Zip Code)		55.00	d. Date Organized
2320 CSI FARM R			7/20/2017	
Hickory, NC 28602	Ė			
				e. Phone Number
				(828) 238-3657
2. Candidate Infor	mation			lidate's Primary Committee
a. Full Name		e. Candidate ID No	umber	f. Party Affiliation
William Joseph Mc	:Gregor	QDU	QDU6QX Non-Partisan (Indicate Non-partican if applicable	
b. Mailing Address (inc	clude City, State, and Zip Code)	g. Office Sought		(murcate Non-particul ii oppiioss)
2320 CSI FARM RD		■ 20 12 Tel. 1 12 (15 (15 t) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Hickory, NC 28602			Brookford	d Alderman
c . Phone Number	d. Email Address	h. Next Election Yo	ear	i. Jurisdiction
(828) 238-3657	billmcgregor1971@icloud.com	2017	,	Brookford
☐ Email copy of			1 2017	
3. Treasurer Inform	mation	4. Custodian of	f Books In	formation
a. Full Name		a. Full Name		
William Joseph McC			N	N/A
	clude City, State, and Zip Code)	b. Mailing Address	s (include Cit	ty, State, and Zip Code)
2320 CSI FARM RE				
Hickory, NC 28602	1			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Ac	ddress
(828) 238-3657	billmcgregor1971@icloud.com			
I prefer to receive	e notices by email Yes N	No Email copy	v of notic	es
5. Assistant Treasu	urer Information	6. Account Info		
a. Full Name	Remove	a. Financial Institu		
	N/A		N	J/A
b. Mailing Address (incl	clude City, State, and Zip Code)	b. Purpose		
	Toronto describeras			
c. Phone Number	d. Email Address	c. Account Code	d. Type	
1	1			
☐ Email copy of	of notices	Appendix		
CERTIFICATION	l.			
I certify that the Co	committee or Fund is in compliance with	all applicable provi	isions of A	rticle 22A, 22B & 22D-
22M of Chapter 16	63 of the NC General Statutes and that no	o funds are commin	ngled with p	prohibited or other non-
disclosed funds. 1	further certify that this report is complete	e, true and correct.	A	, and the second
Lillian	ME-rone W.	West for	CE	7/20/17
Printe	M & reg s Si	Signature of Appointed Tr	reasurer	Date
		0		

CRO-2100A

NC State Board of Elections

40674



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 Joseph McGregor
Treasurer Name:	William Joseph McGregor
Treasurer Address:	2320 CSI FARM RD
(include city, state, & zip)	Hickory, NC 28602
Treasurer Phone:	(828) 238-3657

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

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

CRO-3100



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 Joseph McGregor Bill McGregor for Alderman Committee Name: Treasurer Name: William Joseph McGregor Yolanda McGregor If Candidate is own treasurer, designate an agent to carry out designations: QDU6QX Committee ID#: [State] [County] If county, speci Catawba Level Registered: William Joseph McGregor 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). Plan for Disbursement (eg. Amount or %) Name of Entity (Select from §163-278.16B(a)) 100% 1. Foothills House of Hope 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: My

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

Date:



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 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: Bill McGregor for Alderman Committee Name: William Joseph McGregor Treasurer Name: 2320 CSI FARM RD Treasurer Address: Hickory, NC 28602 (include city, state, & zip) (828) 238-3657 Treasurer Phone: Check One: [X] 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 eleciton cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I just immediately notify the appropriate board of elections and file required campaign finance reports. THIS DISCLAIMER 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 agreee 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.