# Statement of Organization - Candidate Committee

nt
X 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 Richard Poole for Long View Mayor RDU427 b. Mailing Address (include City, State and Zip Code) d. Date Organized 400 37th St SW 7/7/2017 Hickory, NC 28602 e. Phone Number 828-781-4911 2. Candidate Information Candidate's Primary Committee a. Full Name e. Candidate ID Number f. Party Affiliation Non-Partisan Richard Glenwood Poole II RDU427 (Indicate Non-partican if applicable) b. Mailing Address (include City, State, and Zip Code) g. Office Sought 400 37th St SW Long View Mayor Hickory, NC 28602 . Phone Number d. Email Address h. Next Election Year i. Jurisdiction 828-781-4911 ricky poole@live.com 2017 Long View ☐ Email copy of notices 3. Treasurer Information 4. Custodian of Books Information a. Full Name a. Full Name Richard Glenwood Poole II N/A b. Mailing Address (include City, State, and Zip Code) b. Mailing Address (include City, State, and Zip Code) 400 37th St SW Hickory, NC 28602 c. Phone Number d. Email Address c. Phone Number d. Email Address 828-781-4911 ricky\_poole@live.com I prefer to receive notices by email Yes ☐ No ☐ Email copy of notices 5. Assistant Treasurer Information Add 6. Account Information (incl. CRO-3500) Add a. Full Name Remove a. Financial Institution Full Name Remove N/A N/A b. Mailing Address (include City, State, and Zip Code) b. Purpose . Phone Number d. Email Address 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 nondisclosed funds. I further certify that this report is complete, true and correct. Signature of Appointed Treasurer



### 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 Glenwood Poole II
Treasurer Name:	Richard Glenwood Poole II
Treasurer Address:	400 37th St SW
(include city, state, & zip)	Hickory, NC 28602
Treasurer Phone:	828-781-4911

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).

7/7/17 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

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 Poole for Long View Mayor Treasurer Name: Richard Glenwood Poole II 400 37th St SW Treasurer Address: (include city, state, & zip) Hickory, NC 28602 Treasurer Phone: 828-781-4911 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 agree to file all future reporte required. Signature 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 Glenwood Poole II Committee Name: Richard Poole for Long View Mayor Treasurer Name: Richard Glenwood Poole II If Candidate is own treasurer, designate an agent to carry out designations: Monica Poole Committee ID#: RDU427 [State] [County] If county, speci Catawba Level Registered: Richard Glenwood Poole II 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). Plan for Disbursement (eg. Amount or %) Name of Entity (Select from §163-278.16B(a)) 1. Town of Long View 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

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

Date:

records.

Signature of Candidate: