

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

Don Brown for Sheriff

c. ID Number

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

P.O.Box 1477

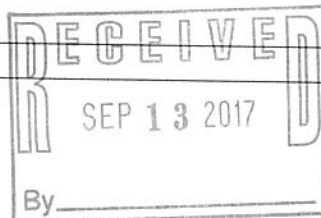
Newton, NC 28658

d. Date Organized

9/10/2017

e. Phone Number

828-855-7722



2. Candidate Information

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Candidate's Primary Committee

a. Full Name

Donald Graye Brown II

e. Candidate ID Number

f. Party Affiliation

Republican

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

P.O. Box 1477

Newton, NC 28658

g. Office Sought

Sheriff

c. Phone Number

828-855-7722

d. Email Address

Brown4Sheriff2018@gmail.com

h. Next Election Year

2018

i. Jurisdiction

Catawba

☒ Email copy of notices

3. Treasurer Information

a. Full Name

Charles W. Floyd, JR

4. Custodian of Books Information

a. Full Name

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

1188 Beagle Lane

Newton, NC 28658

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

c. Phone Number

828-234-9327

d. Email Address

floydpartyof6@gmail.com

c. Phone Number

d. Email Address

I prefer to receive my notices by email ☒ Yes ☐ No☐ Email copy of notices

5. Assistant Treasurer Information

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Add

☐

Remove

a. Full Name

6. Account Information (incl. CRO-3500)

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Add

☐

Remove

a. Financial Institution Full Name

Peoples Bank

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

b. Purpose

Campaign Finance

c. Phone Number

d. Email Address

c. Account Code

111

d. Type

Checking

☐ 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.

CHARLES W. FLOYD, JR

Printed Name of Signer

Charles W. Floyd

Signature of Appointed Treasurer

9/12/17

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 27611-7255
(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: Donald Graye Brown II
Treasurer Name: Charles W. Floyd, Jr
Treasurer Address: 1188 Beagle Lane
(include city, state, & zip) Newton, NC 28658

Treasurer Phone: 828-234-9327

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).

12 SEP 2017
Date Signed

Donald Graye Brown II
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: Donald Graye Brown II

Committee Name: Don Brown for Sheriff

Treasurer Name: Charles W. Floyd, Jr

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: _____

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

I, Donald Graye Brown II
(Name of Candidate)

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).

<u>Name of Entity</u> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>C.A.P.C.</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:

Date:

12 SEP 2017

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