

Statement of Organization - Candidate Committee

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).

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

1. Committee Information

a. Full Name	c. ID Number
Jason Reid for Sheriff	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
PO Box 1082 Conover, NC 28613	7/14/2017
	e. Phone Number
	828-270-7673

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	c. Candidate ID Number	f. Party Affiliation
Jason Coy Reid		Republican <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
PO Box 1082 Conover, NC 28613	Sheriff	
c. Phone Number	d. Email Address	h. Next Election Year
828-270-7673	jason@electjasonreid.com	2018
		i. Jurisdiction
		County

☐ Email copy of notices

3. Treasurer Information

a. Full Name
Leisa Herman Towery
b. Mailing Address (include City, State, and Zip Code)
4073 Hemingway Dr Hickory, NC 28601
c. Phone Number
828-320-0390
d. Email Address
leisa@electjasonreid.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
Peoples Bank
b. Purpose
Campaign Account
c. Account Code
JCR
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.

Leisa Herman Towery
Printed Name of Signer

Leisa Herman Towery
Signature of Appointed Treasurer

7-14-17
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: Jason Coy Reid

Treasurer Name: Leisa Herman Towery

Treasurer Address: 4073 Hemingway Dr

(include city, state, & zip) Hickory, NC 28601

Treasurer Phone: 828-320-0390

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).

07-14-17

Date Signed

Jason C. Reid
Signature

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: Jason Coy Reid
Committee Name: Jason Reid for Sheriff
Treasurer Name: Leisa Herman Towery
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, Jason Coy Reid 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).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Catawba County Child Advocacy Center</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: Jason C. Reid
Date: 07-14-17

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