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By

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.

Amendment ☐ Yes ☑ No

1. Committee Information

a. Full Name: Carolyn for Catawba County Commissioner

c. ID Number: 90-0540893

b. Mailing Address (include City, State and Zip Code): PO BOX 1217 Newton, NC 28658

d. Date Organized: 3/1/10

e. Phone Number: 828-244-6705

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name: Carolyn Jones Connoe

c. Candidate ID Number: DDUFIW

d. Party Affiliation: Dem

b. Mailing Address (include City, State, and Zip Code): PO Box 292 Sherrills Ford, NC 28673

e. Office Sought: Commissioner

f. Jurisdiction:

(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)

3. Treasurer Information

a. Full Name: Olivia Nicole Pitman

b. Mailing Address (include City, State, and Zip Code): 1732 Jarrett Farm Road Newton, NC 28658

c. Phone Number: 828 244 6705

d. Email Address: n/a

4. Custodian of Books Information

a. Full Name: Olivia Nicole Pitman

b. Mailing Address (include City, State, and Zip Code): PO Box 1217 Newton, NC 28658

c. Phone Number:

d. Email Address:

5. Assistant Treasurer Information

☐ Add ☐ Remove

a. Full Name: Diane Abernathy

b. Mailing Address (include City, State, and Zip Code): PO Box 3644 Hickory NC 28603

c. Phone Number: 704.719.1402

d. Email Address: e-erby@charter.net

6. Account Information (incl. CRO-3500)

☐ Add ☐ Remove

a. Financial Institution Full Name: Branch Banking and Trust

b. Purpose: Campaign expenses

c. Account Code: CC

d. Type: Checking

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.

Olivia N. Pitman — Printed Name of Signer

Olivia Pitman — Signature of Appointed Treasurer

March 2, 2010 — Date

North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

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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: Carolyn Jones Connor

Treasurer Name: Olivia N. Pitman

Treasurer Address: 1732 Jarrett Farm Road

(include city, state, & zip) Newton, NC 28658

Treasurer Phone: 828-244-6705

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).

3/1/10
Date Signed

Carolyn Jones Connor
Signature of Candidate

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

North Carolina
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Raleigh, NC 27603

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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 nine allowable methods outlined in 163-278.16B(a).

Candidate Name: Carolyn Jones Connor

Committee Name: Carolyn for Catawba County Commissioner

Treasurer Name: Olivia N. Pitman

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

Committee ID #: 90-0540893

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

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I, Carolyn Jones Connor (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).

	Name of Entity *(Select from §163-278.16B(a))*	Plan for Disbursement (eg. Amount or %)
1.	The Corner Table	100 %
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: Carolyn Jones Connor

Date: 3-1-10

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