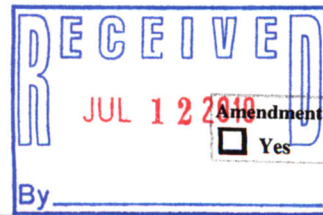


# Statement of Organization - Candidate Committee

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.



## 1. Committee Information

a. Full Name

J. Phillip Elrod II

c. ID Number

JDU2N3

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

3996 Countryside Lane  
Claremont NC 28610

d. Date Organized

7/1/10

e. Phone Number

(828) 238-0340

## 2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name

J. Phillip Elrod II

c. Candidate ID Number

JDU2N3

d. Party Affiliation

Rep

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

3996 Countryside Lane  
Claremont NC 28610

e. Office Sought

Soil & Water Board

f. Jurisdiction

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

## 3. Treasurer Information

a. Full Name

Same as above

## 4. Custodian of Books Information

a. Full Name

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

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

c. Phone Number

d. Email Address

c. Phone Number

d. Email Address

## 5. Assistant Treasurer Information

☐ Add

☐ Remove

a. Full Name

## 6. Account Information (incl. CRO-3500)

☐ Add

☐ Remove

a. Financial Institution Full Name

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

b. Purpose

c. Phone Number

d. Email Address

c. Account Code

d. Type

## 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.

J. Phillip Elrod II

Printed Name of Signer

J. Phillip Elrod II

Signature of Appointed Treasurer

7/12/10

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

### 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: J. Phillip Elrod  
Treasurer Name: J. Phillip Elrod  
Treasurer Address: 3556 Countryside Lane  
(include city, state, & zip) Clemens NC 28613  
  
Treasurer Phone: (828) 238-0340

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).

7/12/10  
Date Signed

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

Candidate Name: J. Phillip Elrod II  
Committee Name: J Phillip Elrod II  
Treasurer Name: Jack Phillip Elrod II  
If Candidate is own treasurer, designate an agent to carry out designations: Jennifer Elrod  
Committee ID #: JDVZN3  
Level Registered: [State] [County] If county, specify: \_\_\_\_\_

I, Joseph Phillip Elrod II, hereby direct that in the event of my death or incapacity all  
(Name of Candidate)  
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>Woodlawn Baptist Church</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: Jack Phillip Elrod II  
Date: 7/12/10

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