

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			
a. Full Name Donald Graye Brown II		e. Candidate ID Number	
b. Mailing Address (include City, State, and Zip Code) P.O. Box 1477 Newton, NC 28658		f. Party Affiliation Republican	
c. Phone Number 828-855-7722		g. Office Sought Sheriff	
d. Email Address Brown4Sheriff2018@gmail.com		h. Next Election Year 2018	
		i. Jurisdiction Catawba	
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Kevin Black		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 317 East 'L' St Newton, NC 28658		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 828-244-2747		c. Phone Number	
d. Email Address krb3570@yahoo.com		d. Email Address	
I prefer to receive my notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		Peoples Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Campaign Finance	
c. Phone Number		c. Account Code 111	
d. Email Address		d. Type Checking	
<input type="checkbox"/> 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.			
Kevin Black Printed Name of Signer		Signature of Appointed Treasurer	
		3/15/2018 Date	



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.


FILED BY:

Candidate Name: Donald Graye Brown II
Treasurer Name: Kevin Black
Treasurer Address: 317 East 'L' Street
(include city, state, & zip) Newton, NC 28658
828-244-2747
Treasurer Phone:

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).

15 MARCH 2018
Date Signed


Signature of Candidate