

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 FRIENDS OF LACI LEBLANC		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 1816 15TH ST PL NE HICKORY, NC 28601		d. Date Organized 2-12-18	
		e. Phone Number 828 308-2415	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name LACI JANE LEBLANC		c. Candidate ID Number	f. Party Affiliation DEMOCRAT (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code) 1816 15TH ST PL NE HICKORY, NC 28601		g. Office Sought CATAWBA COUNTY BOARD OF COMMISSIONERS	
c. Phone Number 828 308-2415	d. Email Address lacileblanc@gmail.com	h. Next Election Year 2018	i. Jurisdiction COUNTY
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Guy Paul Scronce		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 610 8th Street Dr. NW Hickory, NC 28601		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 828 244-3682	d. Email Address scroncey@gmail.com	c. Phone Number	d. Email Address
I prefer to receive 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) <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove		a. Financial Institution Full Name NC SECU	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Campaign Account	
c. Phone Number	d. Email Address	c. Account Code UNC	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.			
Guy P Scronce Printed Name of Signer		[Signature] Signature of Appointed Treasurer	
		8/2/2018 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: LACI JANE LEBLANC
Treasurer Name: Guy Paul Scronce
Treasurer Address: 610 8th Street Dr NW
(include city, state, & zip) Hickory, NC 28601

Treasurer Phone: 828 244 3682

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).

2-22-18

Date Signed

Laci J. LeBlanc

Signature of Candidate



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

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).

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

Candidate Name: LACI JANE LEBLANC

Committee Name: FRIENDS OF LACI LEBLANC

Treasurer Name: Guy Paul Scronce

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

Committee ID #: _____

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

I, LACI JANE LEBLANC, 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>Catawba County Family Services</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: Laci J LeBlanc

Date: 2-22-18