

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		c. ID Number	
Committee to Elect Michelle Morgan			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. Box 3237 Hickory, NC 28603 - 3237		2/2/18	
		e. Phone Number	
		828-244-4691	
2. Candidate Information <input checked="" type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Jeannie (Michelle) Morgan			Democrat (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
1025 11th Street Circle Dr. NW Hickory, NC 28601		County Commissioner	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
828-244-4691	michelle@morganforcommissioner.com	2018	Catawba County
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Sara Jenne Eckerd			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
120 36th Ave. NW Hickory, NC 28601			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
951-202-2262			
I prefer to receive notices by email <input 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	
Jeannie Michelle Morgan		Capitol Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
michelle@morganforcommissioner.com		Campaign	
c. Phone Number	d. Email Address	c. Account Code	d. Type
828-244-4691		JMM	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.			
Sara Eckerd Printed Name of Signer		Jeannie Michelle Morgan 2/2/18 Signature of Appointed Treasurer 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: Michelle Morgan

Treasurer Name: Sara Echerd

Treasurer Address: 120 36th Ave NW

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

Treasurer Phone: 951-202-2262

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).

2/14/18
Date Signed

Michelle Morgan
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).

Candidate Name: Michelle Morgan

Committee Name: Committee to Elect Michelle Morgan

Treasurer Name: Sara Jenne Echerd

If Candidate is own treasurer, designate an agent to carry out designation: N/A

Committee ID#: _____

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

I, Michelle Morgan 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).

<u>Name of Entity</u> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Women's Resource Center - Hickory</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: 

Date: 2/21/2018

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