

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 (when amending, only re-submit if applicable).

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

1. Committee Information

a. Full Name	c. ID Number
Avery Schronce for Brookford Town Aldermen	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
1730 2nd ST PL SW Hickory, NC 28602	7/19/2019
	e. Phone Number
	828-640-5477

2. Candidate Information

☒ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Avery Lee Schronce		Non-Partisan <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
1730 2nd ST PL SW Hickory, NC 28602	Aldermen	
c. Phone Number	d. Email Address	h. Next Election Year
828-640-5477	Avery.Schronce@gmail.com	2019
<input checked="" type="checkbox"/> Email copy of notices		i. Jurisdiction
		Brookford

3. Treasurer Information

a. Full Name
Avery Lee Schronce
b. Mailing Address (include City, State, and Zip Code)
1730 2nd ST PL SW Hickory, NC 28602
c. Phone Number
828-640-5477
d. Email Address
Avery.Schronce@gmail.com

4. Custodian of Books Information

a. Full Name
N/A
b. Mailing Address (include City, State, and Zip Code)
c. Phone Number
d. Email Address

I prefer to receive notices by email ☒ Yes ☐ No

☐ Email copy of notices

5. Assistant Treasurer Information

a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
N/A	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
N/A	
b. Purpose	
c. Account Code	d. Type

☐ 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.

Avery Lee Schronce
Printed Name of Signer

Avery Lee Schronce
Signature of Appointed Treasurer

7-19-19
Date



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is

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

FILED BY:

Candidate Name: Avery Lee Schronce

Treasurer Name: Avery Lee Schronce

Treasurer Address: 1730 2nd ST PL SW

(include city, state, & zip) Hickory, NC 28602

Treasurer Phone: 828-640-5477

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).

7-19-19

Date Signed



Signature



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

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

FILED BY:

Committee Name: Avery Schronce for Brookford Town Aldermen

Treasurer Name: Avery Lee Schronce

Treasurer Address: 1730 2nd ST PL SW

(include city, state, & zip) Hickory, NC 28602

Treasurer Phone: 828-640-5477

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DISCLAIMER CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously from the beginning of the current election cycle. I further agree to file all future reports required.

7-19-19

Date Signed

[Signature]
Signature



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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: Avery Lee Schronce
Committee Name: Avery Schronce for Brookford Town Aldermen
Treasurer Name: Avery Lee Schronce
If Candidate is own treasurer, designate an agent to carry out designation: Thomas Schronce
Committee ID#: _____
Level Registered: [State] [County] If county, specify: Catawba

I, Avery Lee Schronce 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).

<u>Name of Entity</u> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>St Jude's</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: 7-19-18