

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**

Committee to Elect Tony Wood

c. ID Number**b. Mailing Address (include City, State and Zip Code)**112 7th Ave NE
Hickory, NC 28601**d. Date Organized**

7/12/2019

e. Phone Number

828-267-0799

2. Candidate Information**Candidate's Primary Committee****a. Full Name**

Michael Anthony Wood

e. Candidate ID Number**f. Party Affiliation**

Non-Partisan

(Indicate Non-partisan if applicable)

b. Mailing Address (include City, State, and Zip Code)112 7th Ave NE
Hickory, NC 28601**g. Office Sought**

Alderman

c. Phone Number

828-267-0799

d. Email Address

tw92@me.com

h. Next Election Year

2019

i. Jurisdiction

Hickory, Ward 1

☒ **Email copy of notices****3. Treasurer Information****a. Full Name**

Michael Anthony Wood

b. Mailing Address (include City, State, and Zip Code)112 7th Ave NE
Hickory, NC 28601**c. Phone Number**

828-267-0799

d. Email Address

tw92@me.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**☐ Add☐ Remove**a. Full Name**

N/A

b. Mailing Address (include City, State, and Zip Code)**c. Phone Number****d. Email Address****6. Account Information (incl. CRO-3500)**☐ Add☐ Remove**a. Financial Institution Full Name**


N/A

b. Purpose**c. Account Code****d. Type**

By

☐ **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.


Printed Name of Signer
Signature of Appointed Treasurer
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: Michael Anthony Wood

Treasurer Name: Michael Anthony Wood

Treasurer Address: 112 7th Ave NE

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

Treasurer Phone: 828-267-0799

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).

7-12-2019

Date Signed

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: Michael Anthony Wood
Committee Name: Committee to Elect Tony Wood
Treasurer Name: Michael Anthony Wood
If Candidate is own treasurer, designate an agent to carry out designation: Lanie Wood
Committee ID#: _____
Level Registered: [State] [County] If county, specify: Catawba

I, Michael Anthony Wood 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 Humane Society</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: 7-12-2019