

# 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

<b>1. Committee Information</b>			
a. Full Name Masche for Council		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 3420 N Center St Hickory, NC 28601		d. Date Organized 7/18/2019	
		e. Phone Number 828-310-8823	
<b>2. Candidate Information</b> <input checked="" type="checkbox"/> <b>Candidate's Primary Committee</b>			
a. Full Name Ernest William Masche		e. Candidate ID Number	f. Party Affiliation Non-Partisan <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) 3420 N Center St Hickory, NC 28601		g. Office Sought Council	
c. Phone Number 828-310-8823	d. Email Address hickoryward2@gmail.com	h. Next Election Year 2019	i. Jurisdiction Hickory, Ward 2
<input checked="" type="checkbox"/> <b>Email copy of notices</b>			
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name Ernest William Masche		a. Full Name N/A	
b. Mailing Address (include City, State, and Zip Code) 3420 N Center St Hickory, NC 28601		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 828-310-8823	d. Email Address hickoryward2@gmail.com	c. Phone Number	d. Email Address
<b>I prefer to receive notices by email</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> <b>Email copy of notices</b>	
<b>5. Assistant Treasurer Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>6. Account Information</b> (incl. CRO-3500) <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name N/A		a. Financial Institution Full Name Peoples Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Campaign Account	
c. Phone Number	d. Email Address	c. Account Code 317	d. Type Checking
<input type="checkbox"/> <b>Email copy of notices</b>			
<b>CERTIFICATION</b>			
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.			
ERNEST MASCHE		7/18/19	
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: Ernest William Masche

Treasurer Name: Ernest William Masche

Treasurer Address: 3420 N Center St

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

Treasurer Phone: 828-310-8823

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).

7/18/19  
Date Signed

Ernest Masche  
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: Ernest William Masche

Committee Name: Masche for Council

Treasurer Name: Ernest William Masche

If Candidate is own treasurer, designate an agent to carry out designation Tamara Masche

Committee ID#: \_\_\_\_\_

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

I, Ernest William Masche 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>Oxford Orphanage</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: \_\_\_\_\_