

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

☐ Yes

☒ No

1. Committee Information

a. Full Name	c. ID Number
Wetmore for Alderman	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
P.O. Box 2262 Hickory, NC 28603	7/18/2019
	e. Phone Number
	828-612-0415

2. Candidate Information



Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Louis Stanley Wetmore		Non-Partisan <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
P.O. Box 2262 Hickory, NC 28603	Alderman	
c. Phone Number	d. Email Address	h. Next Election Year
828-612-0415	lou.wetmore@gmail.com	2019
<input checked="" type="checkbox"/> Email copy of notices		i. Jurisdiction
		Hickory, Ward 2

3. Treasurer Information

a. Full Name	a. Full Name
Louis Stanley Wetmore	N/A
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
P.O. Box 2262 Hickory, NC 28603	
c. Phone Number	d. Email Address
828-612-0415	lou.wetmore@gmail.com

I prefer to receive notices by email ☒ Yes ☐ No

☐ Email copy of notices

5. Assistant Treasurer Information

☐ Add

☐ Remove

a. Full Name	a. Financial Institution Full Name
N/A	Wells Fargo
b. Mailing Address (include City, State, and Zip Code)	b. Purpose
	Campaign Account
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of notices	c. Account Code
	DDA
	d. Type
	Checking

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.

LOUIS S. WETMORE

Printed Name of Signer

Signature of Appointed Treasurer

Date

7/26/19



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: Louis Stanley Wetmore

Treasurer Name: Louis Stanley Wetmore

Treasurer Address: P.O. Box 2262

(include city, state, & zip) Hickory, NC 28603

Treasurer Phone: 828-612-0415

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).

July 26, 2019
Date Signed

Louis Stanley Wetmore
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: Louis Stanley Wetmore

Committee Name: Wetmore for Alderman

Treasurer Name: Louis Stanley Wetmore

If Candidate is own treasurer, designate an agent to carry out designation Julia Wetmore

Committee ID#: _____

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

I, Louis Stanley Wetmore 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>American Cancer 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: Louis Stanley Wetmore

Date: July 26 2019