

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).

RECEIVED
AUG 07 2019

Amendment
☐ Yes ☒ No

1. Committee Information			
a. Full Name Committee to Elect Aaron Kohrs		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 121 20th Ave, NW Hickory, NC 28601-1836		d. Date Organized 8/7/2019	
		e. Phone Number 828 578 2732	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name Aaron Patrick Tan Kohrs		e. Candidate ID Number	f. Party Affiliation Nonpartisan (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code) 121 20th Ave, NW Hickory, NC 28601-1836		g. Office Sought Hickory City Schools, Board of Education, Ward 6	
c. Phone Number 828 578 2732	d. Email Address aalkohrs121@yahoo.com	h. Next Election Year 2019	i. Jurisdiction Hickory Schools, Ward 6
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name David Baldwin		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 345 2nd St, NE Hickory, NC 28601		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 828 578 6677	d. Email Address	c. Phone Number	d. Email Address
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		6. Account Information (incl. CRO-3500) <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name PNC Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Campaign account	
c. Phone Number	d. Email Address	c. Account Code ak	d. Type 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.			
DAVID P. BALDWIN Printed Name of Signer		[Signature] Signature of Appointed Treasurer	
		8/06/2019 Date	



NORTH CAROLINA

STATE BOARD OF ELECTIONS

AUG 07 2019

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:

Aaron Kohrs

Treasurer Name:

DAVID P BALDWIN CPA

Treasurer Address:

345 2ND STREET N.E

(include city, state, & zip)

HICKORY, NC 28601

Treasurer Phone:

828-578-6677

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).

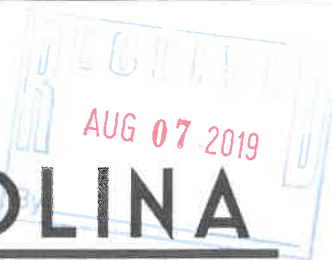
8/7/2019
Date Signed

Signature of Candidate



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:

Aaron Kohrs

Committee Name:

Committee to Elect Aaron Kohrs

Treasurer Name:

DAVID P. BALDWIN, CPA

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: _____

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

I, Aaron Kohrs, 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>Unique World Gifts</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:

[Signature]

Date:

8/7/2019