

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).

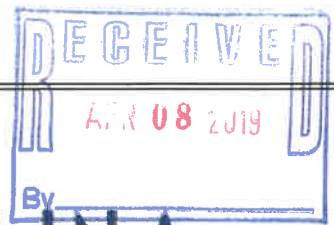
Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

1. Committee Information					
a. Full Name				c. ID Number	
Beatty for Commissioner					
b. Mailing Address (include City, State and Zip Code)				d. Date Organized	
2990 Balls Creek Rd Newton, NC 28658				4/8/2019	
				e. Phone Number	
				(828) 320-0370	
2. Candidate Information <input checked="" type="checkbox"/> Candidate's Primary Committee					
a. Full Name			e. Candidate ID Number		f. Party Affiliation
Barbara Gale Beatty					Republican
					(Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
2990 Balls Creek Rd Newton, NC 28658			County Commissioner		
c. Phone Number	d. Email Address		h. Next Election Year		i. Jurisdiction
(828) 320-0370	bgbeatty@charter.net		2020		Catawba County
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
John Jay Cline			N/A		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
509 5th Ave NE Conover, NC 28613					
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address	
828-234-6418					
<input checked="" type="checkbox"/> I prefer to receive notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Email copy of notices		
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500) <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name			a. Financial Institution Full Name		
N/A			Peoples Bank		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
			Campaign Account		
c. Phone Number	d. Email Address		c. Account Code	d. Type	
			BGB	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.					
Barbara Gale Beatty			Barbara Gale Beatty		4-8-19
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: Barbara Gale Beatty

Treasurer Name: John Jay Cline

Treasurer Address: 509 5th Ave NE

(include city, state, & zip) Conover, NC 28613

Treasurer Phone: 828-234-6418

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).

4-8-19

Date Signed

Barbara Gale Beatty

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: Barbara Gale Beatty

Committee Name: Beatty for Commissioner

Treasurer Name: John Jay Cline

If Candidate is own treasurer, designate an agent to carry out designation: N/A

Committee ID#: _____

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

I, Barbara Gale Beatty 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 Valley Medical Center Foundation</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: Barbara Gale Beatty

Date: 4-8-19