

Statement of Organization - Candidate Committee

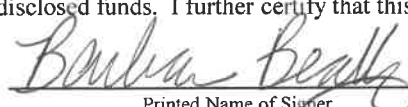
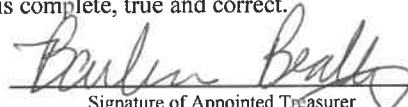
Amendment

☒ 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						c. ID Number			
Committee to Elect Barbara Beatty									
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					Commissioner				
c. Phone Number		d. Email Address			h. Next Election Year		i. Jurisdiction		
828-320-0370		bgbeatty@charter.net			2019		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									
I prefer to receive notices by email				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information					6. Account Information (incl. CRO-3500)				
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.									
 Printed Name of Signer					 Signature of Appointed Treasurer				
					8/6/19 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).

8/6/19
Date Signed

Barbara 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: Committee to Elect Barbara Beatty
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 Beatty
Date: 8/6/19