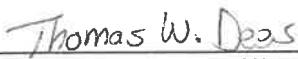
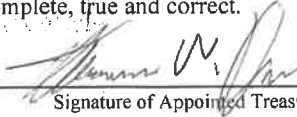


Statement of Organization - Candidate Committee

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 Committee to Elect Tom Dees				c. ID Number	
b. Mailing Address (include City, State and Zip Code) PO Box 775 Claremont, NC 28610				d. Date Organized 3/27/2019	
				e. Phone Number 828-639-3513	
2. Candidate Information <input checked="" type="checkbox"/> Candidate's Primary Committee					
a. Full Name Thomas William Dees			e. Candidate ID Number		f. Party Affiliation Republican <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) PO Box 775 Claremont, NC 28610			g. Office Sought County Commissioner		
c. Phone Number 828-639-3513		d. Email Address thomaswdees@gmail.com		h. Next Election Year 2020	i. Jurisdiction Catawba County
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name Thomas Dees			a. Full Name N/A		
b. Mailing Address (include City, State, and Zip Code) PO Box 775 Claremont, NC 28610			b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number 828-639-3513		d. Email Address thomaswdees@gmail.com		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			6. Account Information (incl. CRO-3500) <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name N/A			a. Financial Institution Full Name People's Bank		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose Campaign Account		
c. Phone Number		d. Email Address		c. Account Code TWD	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.					
 Printed Name of Signer			 Signature of Appointed Treasurer		3/27/19 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: Thomas William Dees

Treasurer Name: Thomas Dees

Treasurer Address: PO Box 775

(include city, state, & zip) Claremont, NC 28610

Treasurer Phone: 828-639-3513

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).

3/27/19
Date Signed


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: Thomas William Dees
Committee Name: Committee to Elect Tom Dees
Treasurer Name: Thomas Dees
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, Thomas William Dees 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>Second Season 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: 
Date: 3/27/19