

# Statement of Organization - Candidate Committee

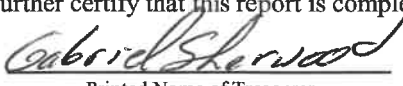

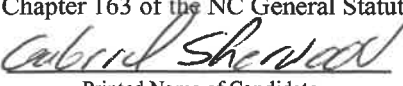
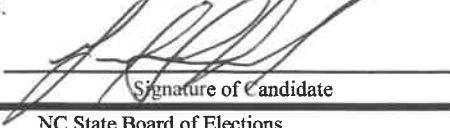
Is this statement:

☒ New

☐ Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

<b>1. Committee Information</b>					
a. Name of Committee				d. ID Number	
Sherwood for Catawba					
b. Mailing Address (include City, State and Zip Code)				e. Date Organized	
3926 Arrowhead Dr NE Hickory, NC 28601				12/27/2019	
c. Committee Website (Optional)				f. Phone Number	
				828-639-0490	
<b>2. Candidate Information</b>					
a. Full Name			e. Party Affiliation		
Gabriel Scott Sherwood			Democratic		
b. Mailing Address (include City, State, and Zip Code)			f. Office Sought		
3926 Arrowhead Dr NE Hickory, NC 28601			County Commissioner		
c. Phone Number	d. Email Address		g. Next Election Year	h. Jurisdiction	
828-639-0490	gssherwood1@gmail.com		2020	County	
<input type="checkbox"/> Email copy of report notices					
<b>3. Treasurer Information</b>			<b>4. Assistant Treasurer Information</b>		
a. Full Name			a. Full Name		
Gabriel Scott Sherwood			N/A		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
3926 Arrowhead Dr NE Hickory, NC 28601					
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address	
828-639-0490	gssherwood1@gmail.com				
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Email copy of report notices					
<b>5. Custodian of Books Information (Keeper of Records)</b>			<b>6. Account Information (incl. CRO-3500)</b>		
a. Full Name			a. Financial Institution Full Name		
N/A			First Citizens Bank		
b. Mailing Address (include City, State, and Zip Code)					
c. Phone Number	d. Email Address		b. Account Code	c. Type	
			GSS	Checking	
<input type="checkbox"/> Email copy of report notices					
<p>I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.</p> <p>   12-27-19 </p> <p> Printed Name of Treasurer Signature of Appointed Treasurer Date </p> <p> I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes. </p> <p>   12-27-19 </p> <p> Printed Name of Candidate Signature of Candidate Date </p>					



# 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: Gabriel Scott Sherwood

Committee Name: Sherwood for Catawba

Treasurer Name: Gabriel Scott Sherwood

If Candidate is own treasurer, designate an agent to carry out designation: Corie Schreiber

Committee ID#: \_\_\_\_\_

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

I, Gabriel Scott Sherwood 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>Catawba County Democratic Party</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: 12-27-19