Statement of Organization - Candidate Committee

Is	this	staten	1en	t:
X	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.

County Commissioner County Commissioner	10 10 7							
Sherwood for Catawba b. Mailing Address (include City, State and Zip Code) 3926 Arrowhead Dr NE Hickory, NC 28601 c. Committee Website (Optional) d. Phone Number 828-639-0490 c. Candidate Information a. Full Name d. Party Affiliation Gabriel Scott Sherwood b. Mailing Address (include City, State, and Zip Code) gasherwood1@gmail.com a. Full Name d. Email Address gasherwood1@gmail.com a. Full Name d. Assistant Treasurer Information a. Full Name d. Email Address gasherwood1@gmail.com a. Full Name d. Email Address gasherwood1@gmail.com a. Full Name d. Email Address gasherwood1@gmail.com d. Mailing Address (include City, State, and Zip Code) 3926 Arrowhead Dr NE Hickory, NC 28601 c. Phone Number d. Email Address gasherwood1@gmail.com d. Mailing Address (include City, State, and Zip Code) d. Mailing Address (include City, State, and Zip Code) d. Email Address gasherwood1@gmail.com d. Email Address gasherwood1@gmail.com a. Full Name d. Email Address gasherwood1@gmail.com d. Email Copy of report notices d. Email Address gasherwood1@gmail.com d. Email Copy of report notices d. Email Address gasherwood1@gmail.com d. Email Copy of report notices d. Account Code gasherwood1@gmail.com a. Full Name First Citizens Bank b. Account Code gasherwood1@gmail.com a. Full Name First Citizens Bank c. Phone Number gasherwood1@gmail.com a. Full Name First Citizens Bank c. Phone Number gasherwood1@gmail.com a. Full Name First Citizens Bank c. Phone Number gasherwood1@gmail.com a. Full Name First Citizens Bank c. Phone Number gasherwood1@gmail.com a. Full Name First Citizens Bank c. Phone Number gasherwood1@gmail.com a. Full Name			10 27	by the bearing and		d ID Number		
Description of the property of the port notices 3. Treasurer Information 3. Full Name Gabriel Scott Sherwood 3. Treasurer Information 3. Full Name Gabriel Scott Sherwood 3. Treasurer Information 3. Full Name Gabriel Scott Sherwood 4. Assistant Treasurer Information 3. Full Name Gabriel Scott Sherwood 4. Assistant Treasurer Information 3. Treasurer Information 3. Treasurer Information 3. Treasurer Information 4. Assistant Treasurer Information 5. Full Name Gabriel Scott Sherwood 6. Mailing Address (include City, State, and Zip Code) 3. Treasurer Information 5. Full Name 6. Phone Number 6. Assistant Treasurer Information 6. Phone Number 7. Assistant Treasurer Information 8. Full Name 6. Phone Number 6. Define Sought 6. Mailing Address (include City, State, and Zip Code) 8. Mailing Address (include City, State, and Zip Code) 8. Mailing Address (include City, State, and Zip Code) 8. Mailing Address (include City, State, and Zip Code) 8. Phone Number 6. Phone Number 6. Email Address 6. Phone Number 7. Phone Number 8. Email Copy of report notices 8. C. Phone Number 8. Email Copy of report notices 8. Checking 6. First Citizens Bank 6. Mailing Address (include City, State, and Zip Code) 8. First Citizens Bank 6. Mailing Address (include City, State, and Zip Code) 8. First Citizens Bank 6. Mailing Address (include City, State, and Zip Code) 8. First Citizens Bank 6. Mailing Address (include City, State, and Zip Code) 8. First Citizens Bank 6. Mailing Address (include City, State, and Zip Code) 8. First Citizens Bank 6. Checking 6. Chec						a. 1D Number		
3926 Arrowhead Dr NE Hickory, NC 28601 2. Candidate Information a. Full Name Gabriel Scott Sherwood b. Mailing Address (include City, State, and Zip Code) 3926 Arrowhead Dr NE County Commissioner County Commissioner County County C								
Hickory, NC 28601 2. Candidate Information 3. Full Name 4. Party Affillation 6. Party Affillation 6. Party Affillation 6. Democratic 6. Democratic 7. Office Sought 7. Office Sought 7. Office Sought 8. County Commissioner 8. County Commissioner 8. Phone Number 8. Phone Number 8. Phone Number 8. Assistant Treasurer Information 8. Full Name 8. Assistant Treasurer Information 8. Full Name 8. Assistant Treasurer Information 8. Full Name 8. Mailling Address (include City, State, and Zip Code) 8. Mailling Address (include City, State, and Zip Code) 8. Mailling Address (include City, State, and Zip Code) 8. Mailling Address (include City, State, and Zip Code) 8. Mailling Address (include City, State, and Zip Code) 8. Mailling Address (include City, State, and Zip Code) 8. Candidate Information 8. Full Name 8. Candidate City, State, and Zip Code) 8. Mailling Address (include City, State, and Zip Code) 8. Candidate City, State, and Zip Code) 8						e. Date Organized		
2. Candidate Information a. Full Name Gabriel Scott Sherwood b. Mailing Address (include City, State, and Zip Code) 3926 Arrowhead Dr NE Hickory, NC 28601 c. Phone Number Gabriel Scott Sherwood (A. Sasistant Treasurer Information a. Full Name Gabriel Scott Sherwood (A. Sasistant Treasurer Information a. Full Name Gabriel Scott Sherwood b. Mailing Address (include City, State, and Zip Code) 3. Mailing Address (include City, State, and Zip Code) 3. Mailing Address (include City, State, and Zip Code) 3. Mailing Address (include City, State, and Zip Code) 3. Mailing Address (include City, State, and Zip Code) 3. Mailing Address (include City, State, and Zip Code) 3. Mailing Address (include City, State, and Zip Code) 3. Mailing Address (include City, State, and Zip Code) 3. Mailing Address (include City, State, and Zip Code) 3. Mailing Address (include City, State, and Zip Code) 3. Financial Institution (Incl. CRO-3590) 3. Financial Institution Full Name N/A 5. Mailing Address (include City, State, and Zip Code) 4. Assistant Treasurer Information 5. Mailing Address (include City, State, and Zip Code) 5. Mailing Address (include City, State, and Zip Code) 5. Custodian of Books Information (Keeper of Rec. 6. Account Information (Incl. CRO-3590) 5. Custodian of Books Information (Keeper of Rec. 6. Account Information (Incl. CRO-3590) 5. Financial Institution Full Name N/A 6. Mailing Address (include City, State, and Zip Code) 6. Account Code (C. Type) 6. Second Code (C. Type) 6. Checking 7. Financial Institution Full Name 8. First Citizens Bank 6. Mailing Address (include City, State, and Zip Code) 6. Mailing Address (include City, State, and Zip Code) 6. Mailing Address (include City, State, and Zip Code) 6. Mailing Address (include City, State, and Zip Code) 6. Mailing Address (include City, State, and Zip Code) 6. Mailing Address (include City, State, and Zip Code) 6. Mailing Address (include City, State, and Zip Code) 6						12/27/2019		
2. Candidate Information a. Full Name Gabriel Scott Sherwood b. Malliag Address (include City, State, and Zip Code) 3926 Arrowhead Dr NE Hickory, NC 28601 c. Phone Number Bearil copy of report notices 3. Treasurer Information a. Full Name Gabriel Scott Sherwood Bearil Scott Sherwood Bearil City, State, and Zip Code) 3. Treasurer Information a. Full Name Gabriel Scott Sherwood Bearil Address (include City, State, and Zip Code) 3. Treasurer Information b. Malling Address (include City, State, and Zip Code) 3. Malling Address (include City, State, and Zip Code) 3. Treasurer Information b. Malling Address (include City, State, and Zip Code) 3. Treasurer Information b. Malling Address (include City, State, and Zip Code) 3. Treasurer Information b. Malling Address (include City, State, and Zip Code) 3. Treasurer Information b. Malling Address (include City, State, and Zip Code) 5. Custodian of Books Information (Keeper of Rec 6. Account Information (incl. CRO-3300) b. Malling Address (include City, State, and Zip Code) 5. Custodian of Books Information (Keeper of Rec 6. Account Information (incl. CRO-3300) b. Malling Address (include City, State, and Zip Code) 5. Custodian of Books Information (Keeper of Rec 6. Account Information (incl. CRO-3300) b. Malling Address (include City, State, and Zip Code) 5. Custodian of Books Information (Keeper of Rec 6. Account Information (incl. CRO-3300) b. Malling Address (include City, State, and Zip Code) 5. Custodian of Books Information (incl. CRO-3300) b. Malling Address (include City, State, and Zip Code) 5. Custodian of Books Information (incl. CRO-3300) b. Malling Address (include City, State, and Zip Code) 5. Custodian of Books Information (incl. CRO-3300) b. Malling Address (include City, State, and Zip Code) 5. Custodian of Books Information (incl. CRO-3300) b. Malling Address (include City, State, and Zip Code) 5. Custodian of Books Information (incl. CRO-3300) b. Malling Address (include City, State, and Zip Code) 6. Account Information (incl. CRO-330	c. Committee Websi	te (Optional)				f. Phone Number		
a. Full Name Gabriel Scott Sherwood Democratic b. Mailing Address (include City, State, and Zip Code) 3. Mailing Address (include City, State, and Zip Code) 3. Treasurer Information a. Full Name Gabriel Scott Sherwood b. Mailing Address g. Next Election Year 2020 County County County County County County County County County County County County County County County County County County County County County County County A. Assistant Treasurer Information a. Full Name Gabriel Scott Sherwood b. Mailing Address (include City, State, and Zip Code) B. Mailing Address (include City, State, and Zip Code) B. Mailing Address (include City, State, and Zip Code) B. Mailing Address (include City, State, and Zip Code) B. Mailing Address (include City, State, and Zip Code) C. Phone Number C. Phone Number G. Account Information Gincl CRO-3500) A. Full Name N/A B. Mailing Address (include City, State, and Zip Code) C. Phone Number G. Account Information Gincl CRO-3500) A. Financial Institution Full Name First Citizens Bank Checking Checking Checking Checking Checking Checking Certify that the Committee is in complete, true and correct. GSS Checking Checking 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. County County County B. Mailing Address (include City, State, and Zip Code) County B. Mailing Address (include City, State, and Zip Code) C. Phone Number B. Mailing Address (include City, State, and Zip Code) C. Phone Number B. Mailing Address (include City, State, and Zip Code) C. Phone Number C. Phone Number B. Mailing Address (include City, State, and Zip Code) C. Phone Number B. Mailing Address (include City, State, and Zip Code) C. Phone Number B. Mailing Ad						828-639-0490		
Gabriel Scott Sherwood b. Malling Address (include City, State, and Zip Code) 3926 Arrowhead Dr NE Hickory, NC 28601 c. Phone Number b. Email Address Bigs. Gasp-0490 gssherwoodl@gmail.com a. Full Name Seand report notices 3. Treasurer Information a. Full Name Seand Address (include City, State, and Zip Code) b. Mailing Address (include City, State, and Zip Code) b. Mailing Address (include City, State, and Zip Code) b. Mailing Address (include City, State, and Zip Code) c. Phone Number b. Phone Number d. Email Address gssherwoodl@gmail.com Send report notices by email X Yes No		ormation			i de la constante de la consta			
b. Malling Address (include City, State, and Zip Code) 3926 Arrowhead Dr NE Hickory, NC 28601 Email copy of report notices 3. Treasurer Information a. Full Name Gabriel Scott Sherwood Bid. Email Address Gabriel Scott Sherwood Bid. Email Copy of report notices 3. Treasurer Information a. Full Name Gabriel Scott Sherwood Bid. Email Address (include City, State, and Zip Code) Bid. Email Copy of report notices C. Phone Number Bid. Email Address (include City, State, and Zip Code) Bid. Email Copy of report notices C. Phone Number Bid. Email Address Bid. Email Address Bid. Email Address Bid. Email Copy of report notices C. Phone Number Bid. Email Copy of report notices Bid. Email C	a. Full Name			e. Party Affiliation				
County Commissioner County Commissioner	Gabriel Scott She	erwood		Democratic				
County Commissioner e. Phone Number d. Email Address g. Next Election Year h. Jurisdiction 2020 County Denial copy of report notices 3. Treasurer Information 4. Assistant Treasurer Information 3. Full Name Gabriel Scott Sherwood N/A 5. Mailing Address (include City, State, and Zip Code) 5. Mailing Address (include City, State, and Zip Code) 6. Mailing Address (include City, State, and Zip Code) 7. Phone Number d. Email Address 828-639-0490 gssherwoodl @gmail.com Send report notices by email X Yes No	b. Mailing Address (include City, State, and Zip Code)			f. Office Sought				
A. Assistant Treasurer Information A. Assistant Treasurer Information A. Assistant Treasurer Information A. Full Name	3926 Arrowhead	Dr NE		County Commissioner				
Email copy of report notices	Hickory, NC 286	01						
Email copy of report notices 2020 County	c . Phone Number	d. Email Address		g. Next Election Year		h. Jurisdiction		
Email copy of report notices A. Assistant Treasurer Information A. Full Name Support S	828-639-0490	gssherwood1@gmail.com		2020		County		
a. Full Name Gabriel Scott Sherwood b. Mailing Address (include City, State, and Zip Code) 3926 Arrowhead Dr NE Hickory, NC 28601 c. Phone Number 828-639-0490 gssherwood1@gmail.com Send report notices by email x Yes No	☐ Email copy or	f report notices				County		
Gabriel Scott Sherwood 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 gssherwoodl @gmail.com Send report notices by email X Yes No	3. Treasurer Information			4. Assistant Treas	urer Inf	ormation		
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 gasherwood1@gmail.com Send report notices by email X Yes No	a. Full Name			a. Full Name				
Send report notices by email X Yes No Email copy of report notices	Gabriel Scott Sherwood		N/A					
Hickory, NC 28601 E. Phone Number d. Email Address gssherwood1@gmail.com Send report notices by email X Yes No Email copy of report notices S. Custodian of Books Information (Keeper of Rec 6. Account Information (Incl. CRO-3500) a. Full Name N/A First Citizens Bank b. Mailing Address (include City, State, and Zip Code) E. Phone Number d. Email Address b. Account Code c. Type GSS Checking 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. GSS Checking 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. All Name Account Code C. Type GSS Checking Checking 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. 12 - 27 - 19	b. Mailing Address (include City, State, and Zip Cod	le)	b. Mailing Address (in	clude City	, State, and Zip Code)		
Send report notices by email X Yes No Email copy of report notices	3926 Arrowhead	Dr NE						
Send report notices by email X Yes No Email copy of report notices 5. Custodian of Books Information (Keeper of Rec 6. Account Information (Incl. CRO-3500) a. Full Name N/A First Citizens Bank b. Malling Address (Include City, State, and Zip Code) c. Phone Number d. Email Address b. Account Code c. Type GSS Checking 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. Signature of Appointed Treasurer Signature of 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. 12-27-19	Hickory, NC 28601							
Send report notices by email X Yes No	c. Phone Number	d. Email Address		c. Phone Number	one Number d. Email Address			
5. Custodian of Books Information (Keeper of Rec 6. Account Information (incl. CRO-3500) a. 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 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. Signature of Appointed Treasurer 12-27-18 Printed Name of Treasurer Signature of Appointed 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.	828-639-0490	gssherwood1@gmail.com						
5. Custodian of Books Information (Keeper of Rec 6. Account Information (incl. CRO-3500) a. 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 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. Signature of Appointed Treasurer 12-27-18 Printed Name of Treasurer Signature of Appointed 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.	Send report not	ices by email X Yes	No	☐ Email copy of report notices				
N/A Birst Citizens Bank b. Mailing Address (include City, State, and Zip Code) c. Phone Number								
b. Mailing Address (include City, State, and Zip Code) c. Phone Number d. Email Address b. Account Code c. Type GSS Checking 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. 12-27-/9 Printed Name of Treasurer Signature of Appointed Treasurer Date 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.	a. Full Name			a. Financial Institutio	n Full Nan	ne		
Email copy of report notices 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. Complete Committee Committ		N/A		First Citizens Bank				
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. Printed Name of Treasurer Signature of Appointed Treasurer Date 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. 12-27-19	b. Mailing Address (include City, State, and Zip Cod	le)					
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. Printed Name of Treasurer Signature of Appointed Treasurer Date 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. 12-27-19								
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. 12-27-18	c. Phone Number	d. Email Address		b. Account Code	c. Type			
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. 12-27-18				COC		CI II		
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. 12-27-19	☐ Email copy of	of report notices		GSS		Checking		
Language of Contract // / Within OI Sundiction Date	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. 12-27-18							

CRO-2100A

NC State Board of Elections

November 2019



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 trea	asurer, designate an agent to carry out designatic Corie Schreiber				
Committee ID#:					
Level Registered:	[State] [County] If county, specify: Catawba				
I, Gabriel Scot					
	Campaign Committee account(s) (after payment of permitted outstanding				
	spenses for winding up the Committee or closing office) be paid in the				
following manner as pe	rmitted by N.C. Gen. Stat. 163-278.16B(a).				
	e of Entity pm §163-278.16B(a)) Plan for Disbursement (eg. Amount or %)				
1. Catawba County Demo	ocratic Party 100%				
2					
3					
By signing this form, I	certify that the foregoing entities are eligible beneficiaries under N.C.				
Gen. Statute 163-278.10	6B(a). A copy of this form should be maintained with the Committee				
records.					
Signature of Candidate:					
-					