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 Re-Elect Bob Smyre	7DUK2U
b. Mailing Address (include City, State and Zip Code)	**d. Date Organized**
400 E Boyd Street Maiden, NC 28650	7/7/2017
	e. Phone Number
	828-320-3771

2. Candidate Information ☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Robert L. Smyre	7DUK2U	0 (Indicate Non-partican if applicable)

b. Mailing Address (include City, State, and Zip Code)	g. Office Sought
400 E Boyd Street Maiden, NC 28650	Maiden Mayor

c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
828-320-3771	Bsmyre@maidennc.gov	2017	Maiden, NC 28650

☐ Email copy of notices

3. Treasurer Information

a. Full Name
Robert L. Smyre

b. Mailing Address (include City, State, and Zip Code)
400 E Boyd Street Maiden, NC 28650

c. Phone Number	d. Email Address
828-320-3771	Bsmyre@maidennc.gov

I prefer to receive notices by email ☐ Yes ☐ No

4. Custodian of Books Information

a. Full Name
N/A

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number	d. Email Address

☐ Email copy of notices

5. Assistant Treasurer Information ☐ Add ☐ Remove

a. Full Name
N/A

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number	d. Email Address

☐ Email copy of notices

6. Account Information *(incl. CRO-3500)* ☐ Add ☐ Remove

a. Financial Institution Full Name
N/A

b. Purpose

c. Account Code	d. Type

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.

Robert L Smyre	Robert L Smyre	7-7-17
Printed Name of Signer	Signature of Appointed Treasurer	Date

North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 2761-7255
(919) 733-7173

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: Robert L. Smyre

Treasurer Name: Robert L. Smyre

Treasurer Address: 400 E Boyd Street

(include city, state, & zip) Maiden, NC 28650

Treasurer Phone: 828-320-3771

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).

7-7-17
Date Signed

Robert L Smyre
Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

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Certification of Threshold

This Certification is used to delcare or whithdraw a committee's intent to raise or spend $1,000 or less in the current election cycle.

This Certifcation is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

FILED BY:

Committee Name: Committee to Re-Elect Bob Smyre

Treasurer Name: Robert L. Smyre

Treasurer Address: 400 E Boyd Street

(include city, state, & zip) Maiden, NC 28650

Treasurer Phone: 828-320-3771

Check One:

[X] I certify that this committee intends to neither receive nor expend more than $1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the eleciton cycle for this committee. If this committee exceeds $1,000 in contributions or expenditures during this election cycle, I understand that I just immediately notify the appropriate board of elections and file required campaign finance reports.
THIS DISCLAIMER CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

[ ] I am withdrawing my Certification to remain under the $1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously repoerted from the beginning of the current election cycle. I further agreee to file all future reports required.

7-7-17
Date Signed

Robert L Smyre
Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

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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).

Candidate Name: Robert L. Smyre

Committee Name: Committee to Re-Elect Bob Smyre

Treasurer Name: Robert L. Smyre

If Candidate is own treasurer, designate an agent to carry out designations: Sandi Edmondson

Committee ID#: 7DUK2U

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

I, Robert L. Smyre hereby direct that in the event of my
(Name of Candidate)

death or incapacity all 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.	Catawba Hospice	100%
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: Robert L Smyre

Date: 7-7-17

Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.