

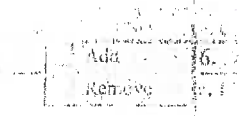
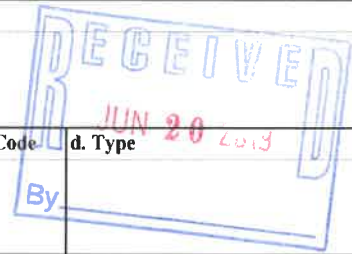
# Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 Town of Brookford Aldermen		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 411 19th Ave SW Hickory, NC 28602		d. Date Organized 6/21/2019	
		e. Phone Number 828-327-4502	
2. Candidate Information <input checked="" type="checkbox"/> Candidate's Primary Committee			
a. Full Name Sue Adams Noblitt		e. Candidate ID Number	f. Party Affiliation Non-Partisan <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) 411 19th Ave SW Hickory, NC 28602		g. Office Sought Alderman	
c. Phone Number 828-327-4502	d. Email Address suenoblitt54@gmail.com	h. Next Election Year 2019	i. Jurisdiction Brookford
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Sue Adams Noblitt		a. Full Name N/A	
b. Mailing Address (include City, State, and Zip Code) 411 19th Ave SW Hickory, NC 28602		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 828-327-4502	d. Email Address suenoblitt54@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)	
a. Full Name N/A		a. Financial Institution Full Name N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<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.			
Sue Noblitt Printed Name of Signer		Sue Noblitt Signature of Appointed Treasurer	6-21-19 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: Sue Adams Noblitt

Treasurer Name: Sue Adams Noblitt

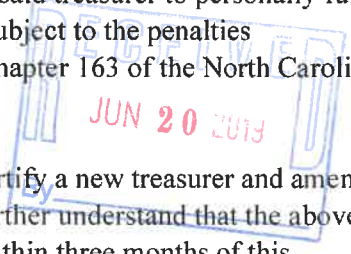
Treasurer Address: 411 19th Ave SW

(include city, state, & zip) Hickory, NC 28602

Treasurer Phone: 828-327-4502

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).



6-21-19  
Date Signed

Sue Noblitt  
Signature



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### Certification of Threshold

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

**This Certification 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.**

**This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.**

#### FILED BY:

Committee Name: Town of Brookford Aldermen

Treasurer Name: Sue Adams Noblitt

Treasurer Address: 411 19th Ave SW

(include city, state, & zip) Hickory, NC 28602

Treasurer Phone: 828-327-4502

#### Check One:

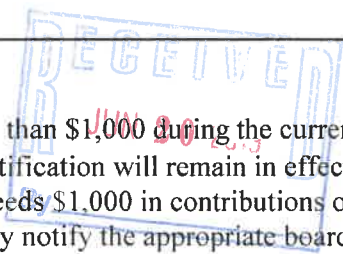
I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must 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 from the beginning of the current election cycle. I further agree to file all future reports required.

10-21-19  
Date Signed

Sue Noblitt  
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: Sue Adams Noblitt

Committee Name: Town of Brookford Aldermen

Treasurer Name: Sue Adams Noblitt

If Candidate is own treasurer, designate an agent to carry out designation: Clyde Noblitt

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

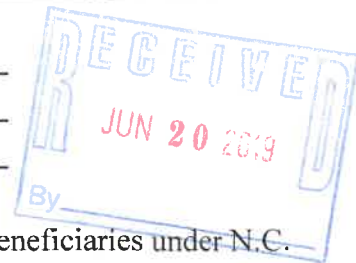
Level Registered: [State] [County] If county, specify: Catawba

I, Sue Adams Noblitt 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 Plan for Disbursement (eg. Amount or %)  
(Select from §163-278.16B(a))

- |   |             |
|---|-------------|
| 1. <u>Catawba County Humane Society</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: Sue Noblitt

Date: 6-21-19