


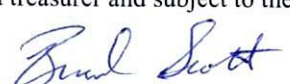
# Statement of Organization - Candidate Committee

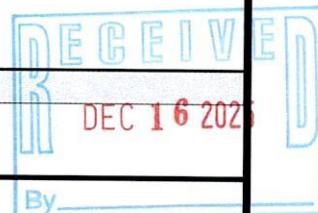
Is this statement:

☒ 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	
Vote Brad Scott NC			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
420 N Ashe Avenue, Newton, NC 28658		12/05/2025	
c. Committee Website (Optional)		f. Phone Number	
		980-858-2137	
<b>2. Candidate Information</b>			
a. Full Name		e. Party Affiliation	
Aaron Bradley Scott "Brad Scott"		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
420 N Ashe Avenue Newton, NC 28658		Newton-Conover School Board	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
980-858-2137	votebradscott@outlook.com	2026	Newton District
<input checked="" type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name		a. Full Name	
Brad Scott			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
420 N Ashe Avenue Newton, NC 28658			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
980-858-2137	votebradscott@outlook.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	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<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> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> <p>A. Bradley Scott</p> <p>Printed Name of Treasurer</p> </div> <div style="width: 30%; text-align: center;">   <p>Signature of Appointed Treasurer</p> </div> <div style="width: 30%; text-align: right;"> <p>12/16/2025</p> <p>Date</p> </div> </div> <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> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> <p>A. Bradley Scott</p> <p>Printed Name of Candidate</p> </div> <div style="width: 30%; text-align: center;">   <p>Signature of Candidate</p> </div> <div style="width: 30%; text-align: right;"> <p>12/16/2025</p> <p>Date</p> </div> </div>			





# 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: Brad Scott

Committee Name: Vote Brad Scott NC

Treasurer Name: A. Bradley Scott

If Candidate is own treasurer, designate an agent to carry out designations: Breanna Scott

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

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

I, Brad Scott, 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>Emmanuel Baptist Church, Conover, NC</u>	<u>35%</u>
2. <u>St. Aloysius Catholic Church, Hickory, NC</u>	<u>35%</u>
3. <u>Newton-Conover City Schools, Newton, NC</u>	<u>30%</u>

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: ~~12/15/2025~~ 12/16/2025 