

# 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.

## 1. Committee Information

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

## 2. Candidate Information

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			

## 3. Treasurer Information

a. Full Name	e. Party Affiliation		
Brad Scott			
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	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	

## 5. Custodian of Books Information (Keeper of Records)

a. Full Name	e. Party Affiliation		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
	Newton-Conover School Board		
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			

RECEIVED  
B  
DEC 16 2025  
By

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.

A. Bradley Scott

Printed Name of Treasurer



12/16/2025

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. Bradley Scott

Printed Name of Candidate



12/16/2025

Date



# 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. Emmanuel Baptist Church, Conover, NC	35%
2. St. Aloysius Catholic Church, Hickory, NC	35%
3. Newton-Conover City Schools, Newton, NC	30%

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