

# Statement of Organization - Candidate Committee

Is this statement:

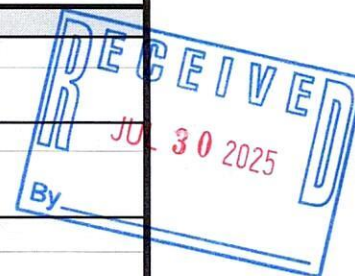
☒ New

☐ 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	
Bobby Lineberger for Sheriff			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
2564 Genelia Dr Claremont, NC 28610		7/30/2025	
c. Committee Website (Optional)		f. Phone Number	
		828-303-1055	
<b>2. Candidate Information</b>			
a. Full Name		e. Party Affiliation	
Sean Robert Lineberger		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
2564 Genelia Dr Claremont, NC 28610		Sheriff	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
828-303-1055	bobbylineberger@yahoo.com	2026	Catawba County
<input type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name		a. Full Name	
Kevin Black		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
317 East 'L' Street Newton, NC 28658			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-244-2747	krb3570@yahoo.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>			
a. Full Name		a. Financial Institution Full Name	
N/A		Peoples Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Account	
c. Phone Number	d. Email Address	b. Account Code	c. Type
		KRB	Checking
<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> <p> <u>Kevin Ray Black</u>      <u>[Signature]</u>      <u>7-30-2025</u>              Printed Name of Treasurer      Signature of Appointed Treasurer      Date         </p> <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> <p> <u>Sean R. Bobby Lineberger</u>      <u>[Signature]</u>      <u>7-30-2025</u>              Printed Name of Candidate      Signature of Candidate      Date         </p>			





# 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: Sean Robert Lineberger  
Committee Name: Bobby Lineberger for Sheriff  
Treasurer Name: Kevin Black  
If Candidate is own treasurer, designate an agent to carry out designations: N/A  
Committee ID#: \_\_\_\_\_  
Level Registered: [State] [County] If county, specify: Catawba

I, Sean Robert Lineberger 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).

<u>Name of Entity</u> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Catawba Valley Medical Center Foundation Board</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:   
Date: 07-30-2025