## Statement of Organization - Candidate Committee

Is this statement:		
X 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.
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1. Committee In	formation	7. Till dinended form	is required re		
a. Name of Committee			d. ID Number		
J. D. Slape for Sl	neriff				
	(include City, State and Zip Code)			e. Date Organized	
4225 Section House Rd Hickory, NC 28601			7/7/2025		
c. Committee Websi				f. Phone Number	
				828-302-9186	
2. Candidate Int	formation	Douby A Stilledies			
		e. Party Affiliation	Danuhli	ioon	
James Donald Slape, Jr.		Republican			
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought			
4225 Section Ho Hickory, NC 286		Sheriff			
c. Phone Number	d. Email Address	g. Next Election Year	h]	Jurisdiction	
	jslape1977@yahoo.com				
☐ Email copy o		2026		Catawba County	
3. Treasurer Inf		4. Assistant Trea	surer Inform	nation	
a. Full Name		a. Full Name			
James Donald Sla	ape, Jr.		N/A		
b. Mailing Address	b. Mailing Address (include City, State, and Zip Code) b. Mailing Address (include City, State, and Zip Code)		ate, and Zip Code)		
4225 Section Ho	use Rd				
Hickory, NC 286				13	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Add	dress JUL 1 1 2025	
828-302-9186	jslape1977@yahoo.com			Rv	
	tices by email X Yes No	☐ Email copy o		Additional and the second seco	
5. Custodian of Books Information (Keeper of Rec a. Full Name			6. Account Information (incl. CRO-3500)  a. Financial Institution Full Name		
a. Full Name	NT/A	a. Financiai institutio			
	N/A		Wells F	argo	
b. Mailing Address	(include City, State, and Zip Code)	b. Purpose			
		Campaign Account			
c. Phone Number	d. Email Address	b. Account Code	c. Type		
☐ Fmail conv	of report notices	JDS		Checking	
Linuit copy	or report nouses				
the NC General	e Committee is in compliance with Statutes and that no funds are com- hat this report is complete, true and	nmingled with prohib			
Frinted Name of Treasurer  Signature of Appointed Treasurer  Date					
Printed Name of Treasurer Signature of Appointed Treasurer 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.					
Tame: Donald Slane Se.  Printed Name of Candidate  Printed Name of Candidate  Signature of Candidate  Date					
Printed 1	Name of Candidate	Signature of Candidat	te	Date	



## **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:	James Donald Slape, Jr.				
Committee Name:	J. D. Slape for Sheriff				
Treasurer Name:	James Donald Slape, Jr.				
If Candidate is own treasurer, designate an agent to carry out designations: Amber Slape					
Committee ID#:					
Level Registered:	[State] [County] If county, specify: Catawba				
I, James Donald Slape, Jr. hereby direct that in the event of my 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 County Shri	ne Club 100%				
2.					
3.					
= 0					
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:	17-11-25 Mr				