

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 Thompson for Conover Council	d. ID Number
b. Mailing Address (include City, State and Zip Code) 4170 Holly Cir Ne Conover, NC 28613	e. Date Organized 7/14/2021
c. Committee Website (Optional)	f. Phone Number 828-228-2697

2. Candidate Information			
a. Full Name Richard Eric Thompson		e. Party Affiliation	
b. Mailing Address (include City, State, and Zip Code) 4170 Holly Cir Ne Conover, NC 28613		f. Office Sought Councilmen	
c. Phone Number 828-228-2697	d. Email Address	g. Next Election Year 2021	h. Jurisdiction Conover
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information	
a. Full Name Glenn Roseman	
b. Mailing Address (include City, State, and Zip Code) 3916 2nd St Dr Nw Hickory, NC 28601	
c. Phone Number 828-302-9305	d. Email Address
Send report notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

4. Assistant Treasurer Information	
a. Full Name N/A	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of report notices	

5. Custodian of Books Information (Keeper of Records)	
a. Full Name N/A	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of report notices	

6. Account Information (incl. CRO-3500)	
a. Financial Institution Full Name First Citizen	
b. Purpose Campaign Account	
b. Account Code T4561	c. Type Checking

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.

GLENN A. ROSEMAN
Printed Name of Treasurer

[Signature]
Signature of Appointed Treasurer

7/19/2021
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.

Richard E. Thompson
Printed Name of Candidate

[Signature]
Signature of Candidate

7/19/2021
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: Richard Eric Thompson

Committee Name: Thompson for Conover Council

Treasurer Name: Glenn Roseman

If Candidate is own treasurer, designate an agent to carry out designation: N/A

Committee ID#: _____

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

I, Richard Eric Thompson 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> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Salvation Army Hickory</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: 7/19/2021