

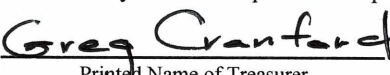



# Statement of Organization - Candidate Committee

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 Cranford				STA-7QKMVS-C-001			
b. Mailing Address (include City, State and Zip Code)				e. Date Organized			
814 Hamilton St Newton, NC 28658				9/2/2021			
c. Committee Website (Optional)				f. Phone Number			
				828-464-8294			
<b>2. Candidate Information</b>							
a. Full Name				e. Party Affiliation			
Gregory Sherrill Cranford				Non-Partisan			
b. Mailing Address (include City, State, and Zip Code)				f. Office Sought			
814 Hamilton St Newton, NC 28658				Newton-Conover Schools			
c. Phone Number		d. Email Address		g. Next Election Year		h. Jurisdiction	
828-464-8294		gregcranford@aol.com		2021		Newton District	
<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			
Gregory Sherrill Cranford				N/A			
b. Mailing Address (include City, State, and Zip Code)				b. Mailing Address (include City, State, and Zip Code)			
814 Hamilton St Newton, NC 28658							
c. Phone Number		d. Email Address		c. Phone Number		d. Email Address	
828-464-8294		gregcranford@aol.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			
N/A				People 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	
						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>   <span style="float: right;">9-2-21</span> </p> <p> <span style="margin-right: 150px;">Printed Name of Treasurer</span> <span style="margin-right: 150px;">Signature of Appointed Treasurer</span> <span>Date</span> </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>   <span style="float: right;">9-2-21</span> </p> <p> <span style="margin-right: 150px;">Printed Name of Candidate</span> <span style="margin-right: 150px;">Signature of Candidate</span> <span>Date</span> </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: Gregory Sherrill Cranford

Committee Name: Vote Cranford

Treasurer Name: Gregory Sherrill Cranford

If Candidate is own treasurer, designate an agent to carry out designations: Gene Biggerstaff

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

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

I, Gregory Sherrill Cranford, 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>Catawba County Democratic Party</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: *Gregory Cranford*

Date: 9/2/2021