

# Statement of Organization - Candidate Committee

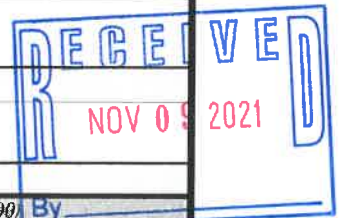
Is this statement:

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	
Abernethy For Commissioner			
b. Mailing Address (include City, State and Zip Code)		c. Date Organized	
1417 Brentwood Dr Newton, NC 28658		11/9/2021	
c. Committee Website (Optional)		f. Phone Number	
		828-302-3643	
<b>2. Candidate Information</b>			
a. Full Name		e. Party Affiliation	
Robert C. Abernethy, Jr.		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1417 Brentwood Dr Newton, NC 28658		County Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
828-302-3643	rabernethy2@yahoo.com	2022	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	
Robert C. Abernethy, Jr.		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1417 Brentwood Dr Newton, NC 28658			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-302-3643	rabernethy2@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>		<b>6. Account Information (incl. CRO-3500)</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
		RCA	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>Robert C. Abernethy, Jr.</u>      <u>Robert C. Abernethy, Jr.</u>      <u>11-9-21</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>Robert C. Abernethy, Jr.</u>      <u>Robert C. Abernethy, Jr.</u>      <u>11-9-21</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: Robert C. Abernethy, Jr.

Committee Name: Abernethy For Commissioner

Treasurer Name: Robert C. Abernethy, Jr.

If Candidate is own treasurer, designate an agent to carry out designation: Tiffany Abernethy

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

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

I, Robert C. Abernethy, Jr. 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 <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>ECCCM Newton, NC</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: 11-9-21