

Statement of Organization - Candidate Committee

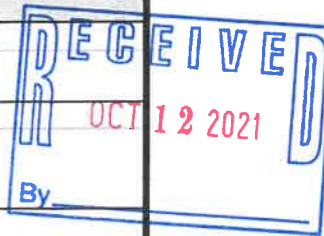
Is this statement:

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		d. ID Number	
COLE SETZER FOR COMMISSIONER			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
2017 SETTLEMYRE BRIDGE ROAD		10/06/2021	
c. Committee Website (Optional)		f. Phone Number	
		8283818468	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
COLE TERRELL SETZER		REPUBLICAN	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
2017 SETTLEMYRE BRIDGE ROAD NEWTON, NC 28658		COUNTY COMMISSIONER	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
8283818468		2022	CATAWBA COUNTY
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
COLE TERRELL SETZER		NONE	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
2017 SETTLEMYRE BRIDGE ROAD NEWTON, NC 28658			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
8283818468			
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
NONE		Truist	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		CTS	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>COLE SETZER _____ 10/11/2021 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>COLE SETZER _____ 10/11/2021 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: COLE TERRELL SETZER

Committee Name: COLE SETZER FOR COMMISSIONER

Treasurer Name: COLE TERRELL SETZER

If Candidate is own treasurer, designate an agent to carry out designation: MOLLY KELLY SETZER

Committee ID#: _____

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

I, COLE TERRELL SETZER 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>ECCM</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: OCT -12- 2021