


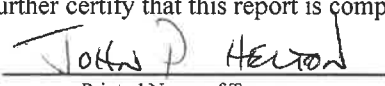
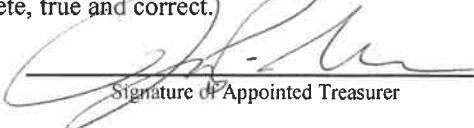
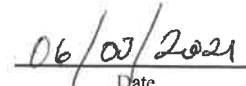
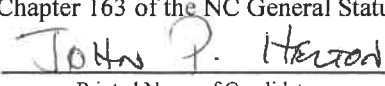

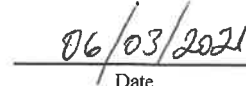
Statement of Organization - Candidate Committee

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						d. ID Number	
a. Name of Committee John Helton for Sheriff						e. Date Organized 6/3/2021	
b. Mailing Address (include City, State and Zip Code) 4085 Plateau Rd Newton, NC 28658						f. Phone Number 828-368-9151	
c. Committee Website (Optional) www.johnheltonforsheriff.com							
2. Candidate Information							
a. Full Name John Paul Helton				e. Party Affiliation REP			
b. Mailing Address (include City, State, and Zip Code) 4085 Plateau Rd Newton, NC 28658				f. Office Sought Sheriff			
c. Phone Number 828-368-9151		d. Email Address john.paul.helton1@gmail.com		g. Next Election Year 2022		h. Jurisdiction County	
<input type="checkbox"/> Email copy of report notices							
3. Treasurer Information				4. Assistant Treasurer Information			
a. Full Name John Paul Helton				a. Full Name N/A			
b. Mailing Address (include City, State, and Zip Code) 4085 Plateau Rd Newton, NC 28658				b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number 828-368-9151		d. Email Address john.paul.helton1@gmail.com		c. Phone Number		d. Email Address	
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 N/A				a. Financial Institution Full Name USAA			
b. Mailing Address (include City, State, and Zip Code)				b. Purpose Campaign Account			
c. Phone Number		d. Email Address		b. Account Code USMC		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>    </p> <p> 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>    </p> <p> 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: John Paul Helton
Committee Name: John Helton for Sheriff
Treasurer Name: John Paul Helton
If Candidate is own treasurer, designate an agent to carry out designation: Kara Helton
Committee ID#: _____
Level Registered: [State] [County] If county, specify: Catawba

I, John Paul Helton 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>Foothills Veterans Helping Veterans</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: 06/03/2021