

# 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	
Committee to Elect Paula Bell			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
4581 W NC 10 Hwy, Newton NC 28658		06/22/2022	
c. Committee Website (Optional)		f. Phone Number	
		704-325-9520	
<b>2. Candidate Information</b>			
a. Full Name		e. Party Affiliation	
Paula Bell		Non-partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
4581 W NC 10 Hwy, Newton NC 28658		Soil and Water Conservation District Supervisor	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-691-5611	Pbellnc@gmail.com	2022	Catawba County
<input checked="" type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name		a. Full Name	
Pieter de Neef			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
320 8th St NW, Hickory, NC 28601			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-446-0751	pieter.deneef@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	
		First Horizon Bank	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		FH01	Checking
<input type="checkbox"/> Email copy of report notices			
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.			
Pieter de Neef		06/22/2022	
Printed Name of Treasurer		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.			
Paula Bell		06/22/2022	
Printed Name of Candidate		Date	





### 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: Paula Bell

Committee Name: Committee to Elect Paula Bell

Treasurer Name: Pieter de Neef

If Candidate is own treasurer, designate an agent to carry out designations: \_\_\_\_\_

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

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

I, Paula Bell, 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>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: Paula Bell

Date: 6/23/2022