CEWER

Statement of Organization - Candidate Committee 2 8 2017

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 then amending, only re-submit if applicable).

Amendment	
☐ Yes	⊠ N₀

1. Committee Info	rmation			c-submit ii appneable).	
a. Full Name	and the second s		CARACTECOTE STEEL ST. ST. CO. C.	c. ID Number	
Boyd Brown for Sheriff b. Mailing Address (include City, State and Zip Code) d. Date Organized					
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
109 Jar				9-27-17	
Chance	NO 28521			e. Phone Number	
Chinguo	yin NC 28521			910.389.8119	
2. Candidate Infor	mation		Candidate!	s Primary Committee	
a. Fuli Name		e. Candidate ID Numb	ber	f. Party Affiliation	
BoydL	ane Brown			Republican (Indicate Non-partisan if applicable)	
b. Mailing Address (inc	clude City, State, and Zip Code)	g. Office Sought		<u>, , , , , , , , , , , , , , , , , , , </u>	
109 Jarvi	sln	/A 1	Λ i		
Chinquania	NCARELL	1 Unslow	County	1 Sheriff	
c . Phone Number	NC 28521	h. Next Election Year		risdiction	
an 200 000	1 11				
Email copy of 1	boydbrown 58 egmail.com	4 2018	1	Inslow County	
3. Treasurer Infor					
a. Full Name	тацоп	4. Custodian of Be	ooks Intorma	ation	
C C			*		
Sayoh Je	PSSICA TMYNEY Plude City, State, and Zip Code)	Sarah J	Sarah Jessica Turner b. Mailing Address (include City, State, and Zip Code)		
250 Haw [1250 Haw	250 Haw Branch Rd		
Richlands	NC 28574	Richland	Richlands NC 28574		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Addr		
		×.	() +		
910-915-0565	Sarahtumer449@gmaila	<u> 1910.915. 0565</u>	Sarah to	umer 449 ogmail.com	
I prefer to receive	notices by email Mayes LIN	o L Email copy o	f notices	<u>_</u>	
5. Assistant Treasu a. Full Name	rer Information Add		5. Account Information (incl. CRO-3500) Add		
as a contraine	in tenove	1 _		Reniove	
		First Cit	izens I	Rank	
b. Mailing Address (include City, State, and Zip Code) b.		b. Purpose			
		Campai	gn Fun	ds	
c. Phone Number	d. Email Address	c. Account Code	d. Type		
			, , , , , , , , , , , , , , , , , , ,		
		Dip	0.1		
□ Email copy of notices BLB Checkin			King		
CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of					
I certify that the C	ommittee or Fund is in compliance with	all applicable provisi	ions of Articl	e 22A, 22B & 22D-22M of	
I further certify the	NC General Statutes and that no fundate this report is complete, true and correct the state of t	are commingled with	prohibited o	r other non-disclosed funds.	
00 (01 - 1)					
Say Turner Printed Name of Signer Signature of Appointed Treasurer Signature of Appointed Treasurer Date					
* *************************************		-b-mails of rippointed Tital	u,utUI	Date	

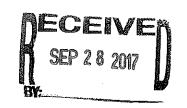


North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director



Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:	•	
Candidate Name:	Boyd Lane Brown	
Treasurer Name:	Sarah Jessica Turner	
Treasurer Address:	250 Haw Branch Rd	
(include city, state, & zip)	Richlands NC 28574	
Treasurer Phone:	910.915.0565	

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in Subchapter VIII. Regulation of Election Campaigns of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

9-27-17 Date Signed Signature of Candidate



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State Board of Elections 441 N Harrington Street Raleigh, NC 27603

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Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

Candidate Designation of Committee Funds

This form is used by candidat how the committee's funds an	te committees only and allows to be disbursed using the eight	he candidate to designate in the event of their death, at allowable methods outlined in 163-278.16B(a).		
This Designation is filed at t	the Board of Elections office v	where the committee's campaign reports are filed.		
Candidate Name:	Boyd Lane Br			
Committee Name:	Boyd Brown f	for Sheriff		
Treasurer Name:	Sarah Jessia	Turner		
If Candidate is own treas	surer, designate an agent to	carry out designations:		
Committee ID #:				
Level Registered: [S	tate] County If county, s	pecify: ONSLOW		
I, Boyd Lane Brown, hereby direct that in the event of my death or incapacity all 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 Plan for Disbursement (e.g. Amount or %)				
(Select from §16.		E . 01.		
1. Richlands First		50 %		
2. New Bay Primiti	ve Bajotist Church	<u>50 %</u>		
3.	-			
		should be maintained with the Committee		
Signature of Candidate:	Doyl 2	me Basen		
Date:	9-27-17			
CRO-3900	Candidate Designatio	n of Committee Funds July 2014		