Statement of Organization - Candidate Committee

Amendment ☐ Yes ☐ No

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 (when amending, only re-submit if applicable).

1. Committee Information

a. Full Name	c. ID Number
Timothy Evans for Commissioner.	
b. Mailing Address (include City, State and Zip Code)	**d. Date Organized**
3199 Projectrd NW	12-2-2015
ASH N.C. 28420	**e. Phone Number**
	910-515-4501

2. Candidate Information ☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Timothy Dale Evans	FDFT04	Democrat (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)	**g. Office Sought**	
Same as Above.	Commissioner District 4	
c. Phone Number / **d. Email Address**	**h. Next Election Year**	**i. Jurisdiction**
910-515-4501 / 1331Timothy@Gmail.Com	2016	

☐ Email copy of notices

3. Treasurer Information

a. Full Name	
Timothy Dale Evans.	
b. Mailing Address (include City, State, and Zip Code)	
3199 Projectrd NW ASH N.C. 28420	
c. Phone Number	**d. Email Address**
910-515-4501	1331Timothy@Gmail.Com

4. Custodian of Books Information

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	**d. Email Address**

I prefer to receive notices by email ☐ Yes ☐ No ☐ Email copy of notices

5. Assistant Treasurer Information ☐ Add ☐ Remove

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	**d. Email Address**

☐ Email copy of notices

6. Account Information *(incl. CRO-3500)* ☐ Add ☐ Remove

a. Financial Institution Full Name	
b. Purpose	
c. Account Code	**d. Type**

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CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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.

Timothy Dale Evans	Timothy Dale Evans	TDE 12-2-2015
Printed Name of Signer	Signature of Appointed Treasurer	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 Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend $1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

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

FILED BY:

Committee Name: Timothy Evons for Commissioner

Treasurer Name: Timothy Dale Evons

Treasurer Address: 3199 Project Rd NW

(include city, state, & zip) Ash NC 28420

Treasurer Phone: 910-515-4501

Check One:

✓ I certify that this committee intends to neither receive nor expend more than $1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds $1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.
THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

____ I am withdrawing my Certification to remain at or under the $1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

12-2-2015
Date Signed

Timothy Dale Evons
Signature

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

Kim Westbrook Strach
Executive Director

Mailing Address
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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: Timothy Dale Evans.

Treasurer Name: Timothy Dale Evans.

Treasurer Address: 3199 Project Rd NW.

(include city, state, & zip) Asht N.C. 28420

Treasurer Phone: 910-515-4501

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).

12-2-2015
Date Signed

Timothy Dale Evans
Signature of Candidate

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

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: Timothy Dale Evans

Committee Name: Timothy Evans for Commissioner

Treasurer Name: Timothy Dale Evans

If Candidate is own treasurer, designate an agent to carry out designations: Catherine Gates

Committee ID #: _____

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

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I, Timothy Dale Evans (Name of Candidate), 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 *(Select from §163-278.16B(a))*	Plan for Disbursement (eg. Amount or %)
1. Kathy Evans	Entirety of Remaining Funds
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: Timothy Dale Evans

Date: 12-2-2016