

Statement of Organization - Candidate Committee

Amendment
 Yes No

Use this form to create a new or update an existing candidate committee. **WYTH COUNTY**
 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		2019 JUL 15 AM 11:47 RECEIVED	
CARL THOMAS GRIGGS		d. Date Organized	
b. Mailing Address (include City, State and Zip Code)		7-15-17	
P.O. BOX 636		c. Phone Number	
RURAL HALL, N.C. 27045		336 969 5338	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
CARL THOMAS GRIGGS			NON PARTISAN (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
P.O. BOX 636 RURAL HALL, NC 27045		COUNCIL - RURAL HALL	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
336 969 5338			MUNICIPALITY RURAL HALL
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
CARL THOMAS GRIGGS		CARL THOMAS GRIGGS	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
P.O. BOX 636 RURAL HALL, N.C. 27045		P.O. BOX 636 RURAL HALL, N.C. 27045	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336 969 5338	ctgriggs@windstream.net	336 969 5338	ctgriggs@windstream.net
<input type="checkbox"/> Email copy of notices			
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		FIRST CITIZENS BANK	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		ELECTION ACCT	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		CTG 2019	CHECKING
<input type="checkbox"/> Email copy of notices			
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.			
C. THOMAS GRIGGS		C. Thomas Griggs	7-15-17
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 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: CARL THOMAS GRIGGS
 Treasurer Name: C. THOMAS GRIGGS
 Treasurer Address: P.O. Box 636
 (include city, state, & zip) RURAL HALL, NC. 27045

 Treasurer Phone: 336 969 5338

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).

7-15-17
 Date Signed

Thomas Griggs
 Signature of Candidate



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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:

CARL THOMAS GRIGGS

Treasurer Name:

C. THOMAS GRIGGS

Treasurer Address:

P.O. BOX 636

(include city, state, & zip)

RURAL HALL, NC. 27045

Treasurer Phone:

336 969-5338

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.

7-15-17
 Date Signed

Thomas Griggs
 Signature