

Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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 ELECT MARTIN OAKES	c. ID Number
b. Mailing Address (include City, State and Zip Code) 8057 LUCKY CREEK LN DENVER NC 28037	d. Date Organized 11/6/19
	e. Phone Number 704 277 3226

2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee
a. Full Name MARTIN OAKES	e. Candidate ID Number	f. Party Affiliation REP <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) 8057 LUCKY CREEK LN DENVER NC 28037	g. Office Sought COUNTY COMMISSIONER	
c. Phone Number 704 277 3226	d. Email Address MAOAKES@BYTEDESIGN.COM	h. Next Election Year 2020
<input checked="" type="checkbox"/> Email copy of notices		i. Jurisdiction LINCOLN

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name MARTIN OAKES	a. Full Name		
b. Mailing Address (include City, State, and Zip Code) 8057 LUCKY CREEK LN DENVER NC 28037	b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number 704 277 3226	d. Email Address MMAOAKES@BYTEDESIGN.COM	c. Phone Number	d. Email Address

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

5. Assistant Treasurer Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	6. Account Information <small>(incl. CRO-3500)</small>		<input type="checkbox"/> Add <input type="checkbox"/> Remove
a. Full Name	b. Mailing Address (include City, State, and Zip Code)	a. Financial Institution Full Name	b. Purpose	c. Account Code	d. Type
c. Phone Number	d. Email Address	<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.

<u>MARTIN OAKES</u> Printed Name of Signer	<u></u> Signature of Appointed Treasurer	<u>11/6/19</u> Date
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NORTH CAROLINA

STATE BOARD OF ELECTIONS

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:

MARTIN DAKES

Treasurer Name:

MARTIN DAKES

Treasurer Address:

8057 LUCKY CREEK LN

(include city, state, & zip)

DENVER NC 28037

Treasurer Phone:

704 277 3226

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).

11/3/19
Date Signed

M. Dakes
Signature of Candidate



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: MARTIN OAKES

Committee Name: ELECT MARTIN OAKES

Treasurer Name: MARTIN OAKES

If Candidate is own treasurer, designate an agent to carry out designations: FRED STARRETT

Committee ID #: _____

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

I, MARTIN OAKES, 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>LINCOLN COUNTY REPUBLICAN 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: M A Oakes

Date: 11/6/19