

**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).

<b>1. Committee Information</b>					
a. Full Name Propst for Sheriff			c. ID Number		
b. Mailing Address (include City, State and Zip Code) 3412 June Bug Rd Vale, NC 28168			d. Date Organized 6/29/17		e. Phone Number 980-241-1525
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name Jonathan Chad Propst		e. Candidate ID Number		f. Party Affiliation Republican <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code) 3417 June Bug Rd Vale, NC 28168		g. Office Sought Sheriff			
c. Phone Number 980-241-1525	d. Email Address joncpropst@hotmail.com	h. Next Election Year 2018		i. Jurisdiction Lincoln County	
<input checked="" type="checkbox"/> Email copy of notices					
<b>3. Treasurer Information</b>			<b>4. Custodian of Books Information</b>		
a. Full Name Jonathan Chad Propst			a. Full Name		
b. Mailing Address (include City, State, and Zip Code) 3412 June Bug Rd Vale, NC 28168			b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number 980-241-1525	d. Email Address joncpropst@hotmail.com	c. Phone Number		d. Email Address	
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Email copy of notices		
<b>5. Assistant Treasurer Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			<b>6. Account Information (incl. CRO-3500)</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name			a. Financial Institution Full Name First Citizens Bank		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose Campaign contributions		
c. Phone Number	d. Email Address	c. Account Code 1001		d. Type Checking	
<input type="checkbox"/> Email copy of notices					
<b>CERTIFICATION</b>					
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.					
Jonathan C. Propst Printed Name of Signer		Jonathan C. Propst Signature of Appointed Treasurer		6-29-17 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

**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: Jonathan Propst

Committee Name: Propst for Sheriff

Treasurer Name: Jonathan Propst

If Candidate is own treasurer, designate an agent to carry out designations: Patricia Propst

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

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

I, Jonathan Propst, 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).

Name of Entity <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>Lincoln Co. 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: *Jonathan Propst*

Date: 6/29/17



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**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: Jon Propst  
 Treasurer Name: Jon Propst - Jonathan C. Propst  
 Treasurer Address: 3412 June Bug Rd  
 (include city, state, & zip) Vale, NC 28168  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 980-241-1525

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).

6-29-17  
 Date Signed

[Signature]  
 Signature of Candidate