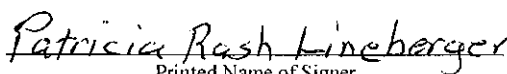
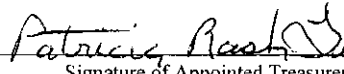


Statement of Organization - Candidate Committee

Amendment Yes No **MAR 10 2017 AM 8:07**

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 | |
| Committee to Elect Jason Munday | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Organized | |
| 105 D Street Lincolnton, N.C. 28092 | | 3/10/2017 | |
| | | e. Phone Number | |
| | | 704-913-2056 | |
| 2. Candidate Information | | <input checked="" type="checkbox"/> Candidate's Primary Committee | |
| a. Full Name | | e. Candidate ID Number | f. Party Affiliation |
| Jason Cameron Munday | | | Republican |
| b. Mailing Address (include City, State, and Zip Code) | | g. Office Sought | |
| 105 D Street Lincolnton, N.C. 28092 | | Sheriff | |
| c. Phone Number | d. Email Address | h. Next Election Year | i. Jurisdiction |
| 704-913-2056 | mundayforsheriff@gmail.com | 2018 | Lincoln County |
| <input checked="" type="checkbox"/> Email copy of notices | | | |
| 3. Treasurer Information | | 4. Custodian of Books Information | |
| a. Full Name | | a. Full Name | |
| Patricia Rash Lineberger | | | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Mailing Address (include City, State, and Zip Code) | |
| 531 Lineberger Road Lincolnton, N.C. 28092 | | | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Address |
| 704-430-9618 | mundayforsheriff@gmail.com | | |
| I prefer to receive my 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 | |
| | | Carolina Trust Bank | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Purpose | |
| | | Checking Account for Committee | |
| c. Phone Number | d. Email Address | c. Account Code | d. Type |
| | | 5697 | 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. | | | |
|  Printed Name of Signer | |  Signature of Appointed Treasurer | 3/10/17 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

Certification of Treasurer

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

FILED BY:

Candidate Name: Jason Munday
 Treasurer Name: Patricia Rash Lineberger
 Treasurer Address: 531 Lineberger Road
 (include city, state, & zip) Lincolnton, N.C. 28092

 Treasurer Phone: 704-430-9618

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).

03/10/2017

Date Signed

Jason C. Munday
Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



MAR 10 2017 AM 8:07

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

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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).

Candidate Name: Jason Munday

Committee Name: Committee to Elect Jason Munday

Treasurer Name: Patricia Rash Lineberger

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

Committee ID #: _____

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

I, Jason Munday hereby direct that in the event of my
(Name of Candidate)

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).

| <u>Name of Entity</u> <i>(Select from §163-278.16B(a))</i> | <u>Plan for Disbursement (eg. Amount or %)</u> |
|---|--|
| 1. <u>Lincoln County C.A.C.</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: Jason C. Munday

Date: 03-10-2017

Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.