

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	
BEAM FOR SHERIFF			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
1015 Hwy 274 Cherryville NC 28021		11-2016	
		e. Phone Number	
		704 4737368	
2. Candidate Information			<input type="checkbox"/> Candidate's Primary Committee
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Bill Beam			Rep (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
1015 Hwy 274 Cherryville NC 28021		Sheriff	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
704-473-7368	bbeam306@ver.net	2018	Lincoln Co
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Lisa Beam		Lisa Beam	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1010 Hwy 274 Cherryville NC 28021		1010 Hwy 274 Cherryville NC 28021	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-308-0878	LRB0801@icloud.com	704-308-0878	LRB0801@icloud.com
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove		a. Financial Institution Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<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.			
Lisa R Beam		[Signature]	
Printed Name of Signer		Signature of Appointed Treasurer	
		9/26/16	
		Date	



MAR 8 2017 PM 3:07

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: Bill Beam

Treasurer Name: Lisa Beam

Treasurer Address: 1010 Highway 274

(include city, state, & zip) Cherryville, NC 28021

Treasurer Phone: 704-308-0878

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).

MAR 8 2017
Date Signed

Bill Beam
Signature of Candidate



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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).

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

Candidate Name: Bill BeAM

Committee Name: BEAM FOR Sheriff

Treasurer Name: LISA BEAM

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

Committee ID #: _____

Level Registered: [State] (County) If county, specify: LINCOLN

I, Bill BeAM, 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 (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Republican Men's Club</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: [Signature]

Date: MARCH 8 2017