

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
Brian Shumock for Council	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
1181 Reynolds Road Lewisville, NC 27023	7-16-19
	e. Phone Number
	336-829-1760

2. Candidate Information

☒ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Brian Lee Shumock		Non-partisan (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
1181 Reynolds Rd Lewisville, NC 27023	Lewisville Town Council	
c. Phone Number	d. Email Address	h. Next Election Year
336-829-1760	brian.shumock@yahoo.com	2019
<input checked="" type="checkbox"/> Email copy of notices		i. Jurisdiction
		Town of Lewisville

3. Treasurer Information

4. Custodian of Books Information

a. Full Name	a. Full Name
Brian Lee Shumock	
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
1181 Reynolds Road Lewisville, N.C. 27023	
c. Phone Number	d. Email Address
336-829-1760	brian.shumock@yahoo.com
<input checked="" type="checkbox"/> 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

☐ Add☐ Remove

6. Account Information (incl. CRO-3500)

☒ Add☐ Remove

a. Full Name	a. Financial Institution Full Name
	BB#T
b. Mailing Address (include City, State, and Zip Code)	b. Purpose
	Campaign Account
c. Phone Number	d. Email Address
c. Account Code	d. Type
BS2019	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.

Brian Lee Shumock

Printed Name of Signer



Signature of Appointed Treasurer

7-17-19

Date



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

Kim Westbrook Strach
Executive Director

2019 JUL 22 PM 4:13
RECEIVED
MAILING ADDRESS
PO BOX 27235
RALEIGH, NC 27611-7235
(919) 733-7173

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: Brian Shumack for Council

Treasurer Name: Brian Shumack

Treasurer Address: 1161 Reynolds Rd. Lewisville, NC. 27023

(include city, state, & zip)

Treasurer Phone: 336-829-1760

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.

7-16-19

Date Signed

[Signature]

Signature



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: Brian Shumack
Treasurer Name: Brian Lee Shumack
Treasurer Address: 1181 Reynolds Rd
(include city, state, & zip) Lewisville, N.C. 27023

Treasurer Phone: 336-829-1760

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).

7-16-19
Date Signed

B. Lee Shumack
Signature of Candidate



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
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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: Brian Shumack

Committee Name: Brian Shumack FOR COUNCIL

Treasurer Name: Brian Lee Shumack

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

Committee ID #: _____

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

I, Brian Lee Shumack, 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>Lewisville civic 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: B. Shumack

Date: 7-17-19