## Statement of Organization - Candidate Committee

| Is | this : | statem | ent:    |  |
|----|--------|--------|---------|--|
| X  | New    |        | Amended |  |

Use this form to create a new or update an existing candidate committee.

| This form must be a                        | accompanied by form CRO-3500. An ame   | ended form is require                                 | d for eac                    | h new election year.            |  |  |
|--|--|---|------------------------------|---------------------------------|--|--|
| 1. Committee Infor<br>a. Name of Committee | mation   | 量的原表可以是   |                              |                                 |  |  |
|  |  |   |                              | d. ID Number                    |  |  |
| BRADLY                                     | TAYLOR FOR COUNCIL   |   |                              | OCQ479                          |  |  |
| b. Mailing Address (inc                    | lude City, State and Zip Code)   |   |                              | e. Date Organized               |  |  |
|  | ous Drive, Chemmons, N   | IC 27012  |                              | 7/16/2021                       |  |  |
| c. Committee Website (                     | Optional)  |   |                              | f. Phone Number                 |  |  |
|  |  | ~ ·   |                              | 336-408-8501                    |  |  |
| 2. Candidate Inform                        | mation   |   |                              | Barrell Market State State      |  |  |
| a. Full Name                               |  | e. Party Affiliation                                  | <u>-</u>                     |                                 |  |  |
| BRADILY (                                  | SEAU TAYLOR  |   |                              | I                               |  |  |
| b. Mailing Address (incl                   | lude City, State, and Zip Code)  | f. Office Sought                                      |                              |                                 |  |  |
| 1745 Amn                                   | nons Dewe  |   |                              | _                               |  |  |
|  | s, NC 27012  | VIMAGE OF CLE   | annor                        | us Council                      |  |  |
|  | d. Email Address   | g. Next Election Year                                 |                              | h. Jurisdiction                 |  |  |
|  |  |   |                              |                                 |  |  |
|  | bgtaylor1991@gmail.com   | 2021  | 1                            | Clemnons                        |  |  |
| Email copy of re                           | port notices   | 1 1 2 1 - 4 Transi                                    | York                         |                                 |  |  |
| 3. Treasurer Inform<br>a. Full Name        | nation   | 4. Assistant Treasu                                   | irer inio                    | rmation                         |  |  |
|  |  | a. Fuii Name  |                              | ~~                              |  |  |
| BRADIEY (                                  | GRAY TAHLOR  |   |                              | T                               |  |  |
| b. Mailing Address (incl                   | lude City, State, and Zip Code)  | b. Mailing Address (include City, State and Zip Code) |                              |                                 |  |  |
| 1745 Amn                                   | nons Drive   |   |                              | · · · ·                         |  |  |
| Chammons                                   | NC 27012   |   |                              | i o                             |  |  |
|  | d. Email Address   | c. Phone Number                                       | d. Email A                   | Address                         |  |  |
| 336-408-8501                               | botaylor 1991 @gmail.com   | 1   |                              | C ;                             |  |  |
| Send report no                             |  | ☐ Email copy of re                                    | eport not                    | tices no                        |  |  |
| 5. Custodian of Boo                        | oks Information (Keeper of Records)  | 6. Account Informa                                    | ation                        | (incl. CRO-3500)                |  |  |
| a. Full Name                               |  | a. Financial Institution                              | Full Name                    | e                               |  |  |
|  | '  | Allocary Ton  | con C                        | nearllanas                      |  |  |
| h. Mailing Address (incl                   | lude City, State, and Zip Code)  |   | AlleGACY FEOREN CAROTT UNION |                                 |  |  |
| g  |  | P.O. BOX 26   | 043                          |                                 |  |  |
|  | '  | WINSTON - SAU   | HIAL NO                      | 27114                           |  |  |
| c. Phone Number                            | d. Email Address   |   | c. Type                      |                                 |  |  |
| ti I Bone I                                | di Dilan Pida 255  |   |                              |                                 |  |  |
| ☐ Email copy of re                         | enart natices  | BIZOZI  | Cus                          | ecking                          |  |  |
| Littlati copy of                           | port nouces  |   |                              |                                 |  |  |
| Tamife, that the Co                        | ommittee is in compliance with all applica   | ·LI suicione of Ar                                    | ارور مامك                    | -CCharter 162 of the NC         |  |  |
|  | ommittee is in compliance with all applicand that no funds are commingled with pro |   |                              |                                 |  |  |
|  | nd that no tunds are commingled with property.                                     | Biolica of other rot.                                 | alsciosec                    | I fullds. I furmer certify and. |  |  |
|  |  | 1   |                              | 7/16/2021                       |  |  |
| Printed Printed                            | TAMLOR TAR   | gnature of Appointed Treas                            |                              |                                 |  |  |
| Printed                                    | Name of Treasurer Sig  | gnature of Appointed Treas                            | surer                        | Date                            |  |  |
| Logertify that the info                    | ormation above is correct, and I, as the car                                       | indidate annoint said                                 | treasure                     | er to personally fulfill the    |  |  |
| =  | ilities imposed upon the appointed treasur   |   |                              |                                 |  |  |
| 163 of the NC Gener                        |  |   | pozz                         |                                 |  |  |
|  |  | Il Tal  |                              | 7/11/2021                       |  |  |
| Traory<br>Printed ?                        | Name of Candidate  | Simonic of Candidate                                  |                              | Date                            |  |  |
| 1 (III)                                    | Name of Candidate  | DISMAILLE OF CONTRIGUES                               |                              | Daio                            |  |  |



## 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:  | Brancy Taylor For Coursell  |
| Treasurer Name:  | BRADIEY TAYLOR  |
| Treasurer Address:   | 1745 Ammons Daire   |
| (include city, state, & zip)   | Clemmons, NC 27012  |
|  | <u> </u>  |
|  |   |
| Treasurer Phone:   | 336-408-8501  |
| Check One:   |   |
| I certify that this come<br>election cycle under the pro-<br>until the end of the election<br>expenditures during this ele-<br>of elections and file require | mittee intends to neither receive nor expend more than \$1,000 during the current ocedures set forth in G.S. 163-278.10A. This certification will remain in effect a cycle for this committee. If this committee exceeds \$1,000 in contributions or ection cycle, I understand that I must immediately notify the appropriate board of campaign finance reports.  AN 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 report for all contributions and expenditures that have not been previously gof the current election cycle. I further agree to file all future reports required.  |
| 7/11/2021  | Bulles Tak  |
| Date Signed  | Signature   |



## **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).

| now the committee's funds                   | , are to be dispurse | ed using the eig | gnt allowable methods outlined in 163-278.16B(a).   |
|---|----------------------|------------------|---|
| This Designation is filed a                 | it the Board of El   | lections office  | where the committee's campaign reports are filed.   |
| Candidate Name:                             | Braoury 1            | GRAY I           | Aywa  |
| Committee Name:                             |                      |                  | For Council   |
| Treasurer Name:                             |                      |                  | 1   |
| If Candidate is own tre                     |                      |                  | to carry out designations: Know Thylos  |
| Committee ID #:                             | OCQ479               |                  |   |
| Level Registered:                           | [State] [County      | y] If county,    | specify: Municipal - Clemmons   |
| debts or reasonable enfollowing manner as p | xpenses for wi       | nding up th      | count(s) (after payment of permitted outstanding e Committee or closing office) be paid in the committee of closing office). 163-278.16B(a).  Plan for Disbursement (eg. Amount or %) |
|   | \$163-278.16B(a))    |                  | Than for Broadbonnoat (og. Thiroday or 70)  |
| 1. CLEMMONS FO                              | SOD PANTEL           | <del></del>      | 100%  |
| 2.  |                      |                  |   |
| 3   |                      |                  |   |
|   |                      |                  | entities are eligible beneficiaries under N.C. a should be maintained with the Committee  |
| Signature of Candidate                      | e: _ <b></b>         | ally T           | yl  |
| Date:                                       | 7/1                  | 16/2021          |   |