

Statement of Organization - Candidate Committee

Is this statement:
☒ New ☐ Amended

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

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

a. Name of Committee	d. ID Number
Cash	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
PO Box 89 Seven Springs NC 28578	7-18-23
c. Committee Website (Optional)	f. Phone Number

a. Full Name	e. Party Affiliation
Robert Alan Cash	Republican
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
PO Box 89 Seven Springs NC 28578	Commissioner
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of report notices	
g. Next Election Year	h. Jurisdiction
2023	Seven Springs

a. Full Name	a. Full Name
Robert Alan Cash	
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
PO Box 89 Seven Springs NC 28578	
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of report notices	
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No	

a. Full Name	a. Financial Institution Full Name
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of report notices	
b. Account Code	c. Type

I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.

Robert Alan Cash

Printed Name of Treasurer

Robert Alan Cash

Signature of Appointed Treasurer

7-18-23

Date

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

Robert Alan Cash

Printed Name of Candidate

Robert Alan Cash

Signature of Candidate

7-18-23

Date



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form.

FILED BY:

Committee Name: CASH
Treasurer Name: Robert Alan CASH
Treasurer Address: 401 New St. Seven Springs NC 28578
(include city, state, & zip)
Treasurer Phone: [REDACTED]

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. **Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on reports.** If an account number is used as the "account code," confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

Date Signed

Signature of Candidate or Treasurer

For Candidate Committees Only

- ☒ In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

By signing this statement, I authorize agents of the State Board of Elections to inspect applicable accounts.

7-18-23

Date Signed

[Signature]

Signature of Candidate or Treasurer



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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: Robert Alan Cash

Committee Name: Cash

Treasurer Name: Robert Alan Cash

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

Committee ID #: _____

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

I, Robert Alan Cash, 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>Town of Seven Springs</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: 7-18-23