

Statement of Organization - Candidate Committee

Amendment		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> 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	
Marshall Ward for Concord City Council		N/A	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
98 Cabarrus Ave W Concord, NC 28025		7/14/2017	
		e. Phone Number	
		980-248-3316	
2. Candidate Information			
			<input type="checkbox"/> Candidate's Primary Committee
a. Full Name	e. Candidate ID Number	f. Party Affiliation	
Marshall Douglas Ward	N/A	Unaffiliated	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
98 Cabarrus Ave W Concord, NC 28025		City Council District 4	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
980-248-3316	wardforconcordcitycouncil@gmail.com	2017	Muni-Con
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Marshall Douglas Ward		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
98 Cabarrus Ave W Concord, NC 28025			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
	wardforconcordcitycouncil@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	
N/A		Wells Fargo	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Transactions	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		1	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.			
Marshall Douglas Ward		<i>Marshall Ward</i>	7/24/2017
Printed Name of Signer		Signature of Appointed Treasurer	Date



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

RECEIVED

JUL 24 2017

CABARRUS COUNTY
BOARD OF ELECTIONS

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173

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: Marshall Ward for Concord City Council
 Treasurer Name: Marshall Ward
 Treasurer Address: 90 Cabarrus Ave W
 (include city, state, & zip) Concord, NC 28025
 Treasurer Phone: 980-248-3316

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
Checking	Wells Fargo	50 Union St N Concord, NC 28025	93990054497	1

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

7/24/2017
Date Signed

Marshall Ward
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.

Date Signed

Signature of Candidate or Treasurer



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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: Marshall Ward
 Treasurer Name: Marshall Ward
 Treasurer Address: 98 Cabarrus Ave W
 (include city, state, & zip) Concord, NC 28025

 Treasurer Phone: 980-248-3316

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).

7/24/2017
 Date Signed

Marshall Ward
 Signature of Candidate

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



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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: Marshall Ward

Committee Name: Marshall Ward for Concord City Council

Treasurer Name: Marshall Ward

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

Committee ID #: N/A

Level Registered: [State] [County] If county, specify: NC, Cabarrus

I, Marshall Ward 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>Cabarrus Co. Boys/Girls Club</u>	<u>50%</u>
2. <u>CVAN</u>	<u>25%</u>
3. <u>Cabarrus Arts Council</u>	<u>25%</u>

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: Marshall Ward

Date: 7/24/2017

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