

Amendment  
 Yes     No

### Statement of Organization - Candidate Committee

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	
Citizens For Mitchem			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
6679 Hwy 27 west, Vale NC 28168		2002	
		e. Phone Number	
2. Candidate Information			<input type="checkbox"/> Candidate's Primary Committee
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Carrol D. Mitchem		GGPB2Y	Republican <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
7868 Hallman Mill Rd Vale NC 28168		Lincoln County Board of Commisioners	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
704 472-2751	carrolrooster@aol.com		
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Susan L. Spake			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
2608 Long Shoals Road Lincolnton NC 28092			
c. Phone Number	d. Email Address	e. Phone Number	d. Email Address
704 240- 6607	sspake@southforkfd.com		
<input type="checkbox"/> I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name	
		Carolina Trust Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Fund Acct	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		4321	Checking
<input type="checkbox"/> Email copy of notices			
CERTIFICATION			
<p>I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B &amp; 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.</p>			
<p><u>Susan L Spake</u> Printed Name of Signer</p>		<p><u>Susan L Spake</u> Signature of Appointed Treasurer</p>	
		<p><u>12-16-19</u> Date</p>	

# Disclosure Report Cover

Amendment **DEC 16 2019 PM 3:44**  
 Yes  No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
 Do not use this form to update information.

1. Committee Information			
a. Full Name <b>Citizens for Mitchem</b>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <b>6679 Hwy 27 West Vale NC 28168</b>		d. Date Filed <b>12-6-19</b>	
		e. Phone Number <b>704 240 6607</b>	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name <b>Susan L Spake</b>
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
		<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
11. Account Information		11. Account Information	
a. Financial Institution Full Name <b>Carolina Trust Bank</b>		a. Financial Institution Full Name	
b. Purpose <b>Campaign Fund Acct.</b>	c. Account Code <b>4321</b>	b. Purpose	c. Account Code
	d. Period Begin Balance <b>\$ 200.00</b>		d. Period Begin Balance <b>\$</b>
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 and that I have been trained by the NC State Board of Elections.			
<b>Susan L Spake</b>		<b>Susan L Spake</b>	
Printed Name of Signer		Signature of Appointed Treasurer	
		<b>12-16-19</b>	
		Date	
FOR OFFICE USE ONLY			
Date Received: _____	Employee: _____	Delivery Method	
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Signer has not received mandatory training	
Date Data Entered: _____	Employee: _____		
<b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

**Detailed Summary**

Amendment  
 Yes  No

Use this form to summarize all disclosure reporting forms and to total monetary information

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. Type of Report</b>		<b>3. ID Number</b>	
Citizens for Mitchem					
<b>Start of Election Cycle:</b> January 1, 2020		<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>	
<b>4) Cash on Hand at Start</b>		\$ 200.00		\$	
<b>RECEIPTS</b>					
<b>5) Aggregated Contributions from Individuals (CRO-1205)</b>		\$		\$	
<b>6) Contributions from Individuals (CRO-1210)</b>		\$		\$	
<b>7) Contributions from Political Party Committees (CRO-1220)</b>		\$		\$	
<b>8) Contributions from Other Political Committees (CRO-1230)</b>		\$		\$	
<b>9) Loan Proceeds (CRO-1410)</b>		\$		\$	
<b>10) Refunds/Reimbursements to the Committee (CRO-1240)</b>		\$		\$	
<b>11) Other Receipt Sources</b>					
<b>11a) Interest on Bank Accounts (CRO-1250)</b>		\$		\$	
<b>11b) Contributions from Not-For-Profit Organizations (CRO-1250)</b>		\$		\$	
<b>11c) Outside Sources of Income (CRO-1250)</b>		\$		\$	
<b>11d) Legal Expense Fund - Other Sources (CRO-1270)</b>		\$		\$	
<b>11e) Exempt Purchase Price Sales (CRO-1265)</b>		\$		\$	
<b>12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</b>		\$		\$	
<b>EXPENDITURES</b>					
<b>13) Disbursements</b>					
<b>13a) Operating Expenditures (CRO-1310)</b>		\$		\$	
<b>13b) Contributions to Candidates/Political Committees (CRO-1310)</b>		\$		\$	
<b>13c) Coordinated Party Expenditures (CRO-1310)</b>		\$		\$	
<b>14) Aggregated Non-Media Expenditures (CRO-1315)</b>		\$		\$	
<b>15) Loan Repayments (CRO-1420)</b>		\$		\$	
<b>16) Refunds/Reimbursements from the Committee (CRO-1320)</b>		\$		\$	
<b>17) In-Kind Contributions (CRO-1510)</b>		\$		\$	
<b>18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</b>		\$		\$	
<b>19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)</b>		\$		\$	
<b>ADDITIONAL INFORMATION</b>					
<b>20) Non-Monetary Gifts Given to Other Committees (CRO-1330)</b>		\$			
<b>21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)</b>		\$			
<b>22) Debts and Obligations owed by the Committee (CRO-1610)</b>		\$			
<b>23) Debts and Obligations owed to the Committee (CRO-1620)</b>		\$			
<b>24) Account Transfers Within the Committee (CRO-1720)</b>		\$			
<b>25) Administrative Support (CRO-1710)</b>		\$		\$	
<b>26) Forgiven Loans (CRO-1440)</b>		\$		\$	
<b>27) 48-Hour Notice Reports Sum (CRO-2220)</b>		\$		\$	
<b>28) Contributions to be Refunded (CRO-1215)</b>		\$		\$	



# 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).

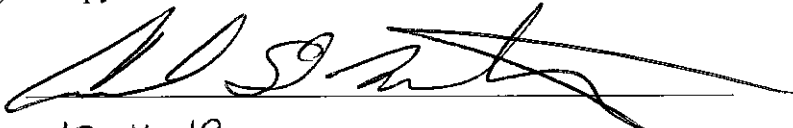
This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: Carrol D. Mitchem  
 Committee Name: Citizens for Mitchem  
 Treasurer Name: Susan L. Spake  
 If Candidate is own treasurer, designate an agent to carry out designations: \_\_\_\_\_  
 Committee ID #: GGPB2Y  
 Level Registered: [State] [County] If county, specify: Lincoln

I, Carrol D. Mitchem 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).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Lincoln County Republican Party</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:   
 Date: 12-16-19