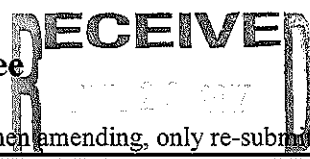


Statement of Organization - Candidate Committee

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)

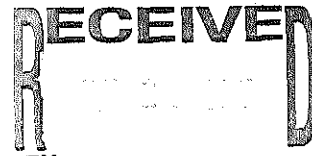


Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

1. Committee Information			
a. Full Name		c. ID Number	
Committee To Elect Junior Freeman		YHC8H2	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
220 Harbour View Dr, PO Box 1649 Swansboro NC 28584		7/20/2017	
		e. Phone Number	
		910-330-1650	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
SD. "Junior" Freeman		YHC8H2	Republican
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
220 Harbour View Dr. PO Box 1649 Swansboro.,, NC. 28584		SWANSBORO COMMISSIONER	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
910-330-1650	emeraldcoast@hotmail.com	2017	Swansboro
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
SD "Junior" Freeman		SD Freeman	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
220 Harbour View Dr. PO Box 1649 Swansboro, NC. 28584		Same	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-330-1650	emeraldcoast@hotmail.com	-	-
I prefer to receive my 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 (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	b. Purpose
N/A		Sound Bank	Campaign Donations and Expenses
b. Mailing Address (include City, State, and Zip Code)		c. Account Code	d. Type
na		190033	Business Checking
c. Phone Number	d. Email Address		
na	na		
<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.			
SD Freeman			20 July 2017
Printed Name of Signer		Signature of Appointed Treasurer	Date



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



BY: _____

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 to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: SD "Junior" Freeman

Treasurer Name: SD Freeman

Treasurer Address: PO Box 1649

(include city, state, & zip) Swansboro, NC. 28584

Treasurer Phone: 910-3330-1650

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).

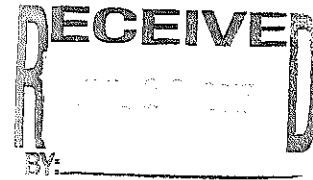
July 20, 2017
 Date Signed


 Signature of Candidate

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



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 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.

FILED BY:

Committee Name: Committee To Elect Junior Freeman
 Treasurer Name: SD "Junior" Freeman
 Treasurer Address: 220 Harbour View Dr. PO Box 1649
 (include city, state, & zip) Swansboro
NC
28584
 Treasurer Phone: 910-330-1650

Check One:

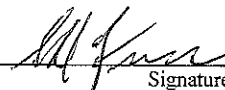
I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 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 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.

20 July 2017

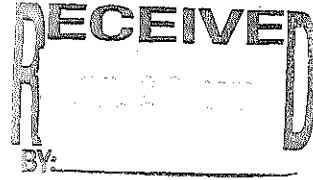
Date Signed


 Signature

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



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Executive Director

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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).

Candidate Name: SD "Junior" Freeman

Committee Name: Committee To Elect Junior Freeman

Treasurer Name: SD Freeman

If Candidate is own treasurer, designate an agent to carry out designations: Linda P. Freeman

Committee ID #: YHC 8H2

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

I, SD Freeman 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> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>St. Mildreds Catholic Church</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: July 20, 2017

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