

**RECEIVED**  
SEP 28 2017

**Statement of Organization - Candidate Committee**

Amendment  
 Yes  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).

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
Boyd Brown for Sheriff			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
109 Jarvis Ln Chinguapin NC 28521		9-27-17	
		e. Phone Number	
		910.389.8119	
<b>2. Candidate Information</b> <span style="float: right;"><input type="checkbox"/> Candidate's Primary Committee</span>			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Boyd Lane Brown			Republican <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
109 Jarvis Ln Chinguapin NC 28521		Onslow County Sheriff	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
910-389-8119	boydbrown58@gmail.com	2018	Onslow County
<input checked="" type="checkbox"/> Email copy of notices			
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
Sarah Jessica Turner		Sarah Jessica Turner	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
250 Haw Branch Rd Richlands NC 28574		250 Haw Branch Rd Richlands NC 28574	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-915-0565	sarahturner449@gmail.com	910-915-0565	sarahturner449@gmail.com
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Email copy of notices			
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information</b> <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name	b. Purpose
		First Citizens Bank	Campaign Funds
b. Mailing Address (include City, State, and Zip Code)		c. Account Code	d. Type
		BLB	Checking
<input type="checkbox"/> Email copy of notices			
<b>CERTIFICATION</b>			
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.			
Sarah Turner		Sarah Turner	9-27-17
Printed Name of Signer		Signature of Appointed Treasurer	Date



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

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

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

**FILED BY:**

Candidate Name: Boyd Lane Brown  
 Treasurer Name: Sarah Jessica Turner  
 Treasurer Address: 250 Haw Branch Rd  
 (include city, state, & zip) Richlands NC 28574  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 910.915.0565

       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.

X 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).

9-27-17  
 Date Signed

Boyd Lane Brown  
 Signature of Candidate



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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).

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

Candidate Name: Boyd Lane Brown  
Committee Name: Boyd Brown for Sheriff  
Treasurer Name: Sarah Jessica Turner

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

Committee ID #: \_\_\_\_\_

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

I, Boyd Lane Brown, 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>Richlands First Baptist Church</u>	<u>50%</u>
2. <u>New Bay Primitive Baptist Church</u>	<u>50%</u>
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: Boyd Lane Brown

Date: 9-27-17