Statement of Organization - Candidate CommitteeUse this form to create a new or update an existing candidate committee.

mendment		LANCARD CO.
Yes	No	ather the state of

This form must be accompanied by forms CRO-3100 and CR	O-3500 (when ame	ending, only	y re-submit if applicable).	
1. Committee Information				
a. Full Name	c. ID Number			
Comittee to Elect Ryan BOWDEN	,			
b. Mailing Address (include City, State and Zip Code)			d. Date Organized	
PO BOX 638			9-15-17	
Alanance NC 27210-0638			e. Phone Number	
110 WC 11C 0 1010-0608			336516-0732	
2. Candidate Information		01100171-000-00111-000-001	te's Primary Committee	
a. Full Name	e. Candidate ID Numb	er	f. Party Affiliation	
Kerneth RYAN BOWDEN			(Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought			
PO box 638 Alangace NC 27210-0638 c. Phone Number d. Email Address	Board of	Educa	ation	
c. Phone Number d. Email Address	h. Next Election Year	i.	Jurisdiction	
			Alamyce	
336-576-0732 MAN bowden 2018 school Devel ByA	a 2018		2	
Email copy of notices			County	
3. Treasurer Information	4. Custodian of Bo	oks Intori	mation	
a. Full Name	a. Full Name			
Rebeleahw.Log				
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)			
219 West Elmsteet				
Cordiam, NC 27253				
c. Phone Number d. Email Address	c. Phone Number	d. Email Ad	ldress	
336-227-1495 becka@cel-cra.com				
	Email copy o			
	6. Account Inform		ncl. CRO-3500) Add	
a. Full Name Remove	a. Financial Institution		Remove	
	Alamanice 1	National	1 Bonk + TRust	
b. Mailing Address (include City, State, and Zip Code)	b. Purpose			
	CAMPaign			
c. Phone Number d. Email Address	c. Account Code	d. Type		
		1 1		
	<i>t</i>	Check	ing	
Email copy of notices				
CERTIFICATION				
I certify that the Committee or Fund is in compliance with a				
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				
Rebekah W. Log Golda Printed Name of Signer Sign	ah U. Royanature of Appointed Trea	neurar	9-19-19 Date	
Triffed Name of Signer Sign	lature of Appointed Trea	isuici	Bute	



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 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:	RYAN BOWDEN	
Treasurer Name:	Rebekah W. Loy	
Treasurer Address:	219 W. Elm St.	
(include city, state, & zip)	Graham NC 27253	
Treasurer Phone:	336-532-8730	

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).

9-15-17 Date Signed

Signature of Candidate

09-19-17A09:53 RCVD



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

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 eig	ght allowable methods outlined in	163-278.16B(a).
This Designation is filed a	t the Board of Elections office	where the committee's campaig	gn reports are filed.
Candidate Name:	RYAN BOWDEN		
Committee Name:	Committee To Ele	ct RYAN BOWDEN	/
Treasurer Name:	Rebekah W. Lox	/	
If Candidate is own trea	asurer, designate an agent	to carry out designations:	
Committee ID #:			
Level Registered: [State] [County] If county,	specify:	
funds remaining in my debts or reasonable ex	Campaign Committee acc	ount(s) (after payment of peee Committee or closing off 163-278.16B(a).	ermitted outstanding
Name of (Select from §1	Entity 63-278.16B(a))	Plan for Disbursement (e.	g. Amount or %)
1 Alammee 4 FD		25%	
2. Alarance Cilizens	FOR Education	25%	
2. Marance Cilizens 3. Notation Fallen Fine	Pighler Foundation	50%	
By signing this form, I	certify that the foregoing e	ntities are eligible benefician should be maintained with t	
records.		3	
Signature of Candidate:			
Date:	9.15-17		
CRO-3900	Candidate Designation	on of Committee Funds	July 2014

Disclosure Report Cover			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	c. ID Number							
committee to Elect Ryan								
b. Mailing Address (include City, State and Zip	Code)		d. Date Filed					
po Box 638 Alanance NC 27210-06			9-15-17					
Alamana NC 2721- O	r > 1		e. Phone Number					
111011010 11C & 1210-06	28		336.516.0732					
2. Report Year 3. Period Start Date (mr	n/dd/yy) 4. Period End I	Date (mm/dd/yy) 5. Treasi						
2017 9-15-17	9-19-1		h W. LOY					
6. Type of Committee (Check One)		(check only one type of re	The state of the s					
Candidate Campaign Party	Municipal	State/County	Referendum					
PAC Referendum	Organizational	Organizational	Organizational					
Independent Expenditure I Joint Fundraise	Thirty-five day Pre-primary	Quarterly First	Pre-referendum Final					
Legal Expense Fund	Pre-election	Second	Supplemental Final					
7. Type of Fund (if applicable, check one)	Pre-runoff	Third	Annual					
Booster Fund	Semi-annual	Fourth	☐ Special					
Building Fund	Mid Year	Semi-annual						
C Others	Year End	Mid Year	10. Special Report Name					
Other: 8. Number of Fundraisers this Report	Final Special	Year End Final						
o. Number of Functioners this Report	Special	Special						
11. Account Information	11. /	Account Information						
a. Financial Institution Full Name		nancial Institution Full Name						
Anni . Nalinal								
b. Purpose c. Accoun	t Code h Pu	rpose	c. Account Code					
	b. Tu	1 pose	C. Meedunt Code					
CAMPaign /								
	Begin Balance		d. Period Begin Balance					
<u> </u>			\$					
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.								
Relackabelia la Roberta da Companya								
Dalaghalala								
Rebekahw. boy Printed Name of Signer	Signature	of Appointed Treasurer						
Printed Name of Signer	Signature	of Appointed Treasurer						
10	Signature 7 Employee:		Date Delivery Method					
Printed Name of Signer FOR OFFICE USE ONLY Date Received:	7 Employee:	10	Date Delivery Method Normal Mail Registered Mail					
Printed Name of Signer FOR OFFICE USE ONLY	7	10	Date Delivery Method Normal Mail					

CRO-1000

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

NC State Board of Elections

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

August 2008

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

Amendment

Yes No

Committee Full Name (and Fund if applicable) 2. Type of		Report	3. ID Number	
Committee to Elert Ryan Bowden	ration!			
Start of Election Cycle: January 1, <u>2015</u>		Total this Reporting Period	Total this d Election Cycle	
4) Cash on Hand at Start		\$ 0	\$ 0	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 250.00	\$ 250.00	
6) Contributions from Individuals	(CRO-1210)	\$	\$	
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$	
9) Loan Proceeds	(CRO-1410)	\$	\$	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$	
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$	
11c) Outside Sources of Income	(CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	l 1d and 11e)	\$ 250.00	\$ 250.00	
<u>EXPENDITURES</u>				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$	\$	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$	
15) Loan Repayments	(CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$	
17) In-Kind Contributions	(CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub-	tract line 18)	\$ 250.00	\$250.00	
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$		
24) Account Transfers Within the Committee	(CRO-1720)	\$		
25) Administrative Support	(CRO-1710)	\$	\$	
26) Forgiven Loans	(CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$	
28) Contributions to be Refunded	(CRO-1215)	\$	\$	

		rom Individu individual contributi		P. contributions un	g of	TRO I	Amendment Yes No
BATTER THE PARTY NAMED IN		me (and Fund if ap		Contributions un	der \$30 ii form C	The same of the same of	D Number
		to Elect	0 0				1
***************************************	tributor Inform		KYAY BOU				/
	lame, Mailing Add			b. Job Title/Pro	emove	d. C	Comments
DOMESTIC CONTROL OF THE PARTY O	de city, state, & zip						· Onmirento
Ry	AN BOWDEN	(c. Employer's N	ame/Specific Field		
po	box 638	5		City o	F	o F	lection Sum to Date
Ala	mance NC.	27210-0638	}	City Ci	reasbord	\$	250-07
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descr	iption	j. Date (mm/dd/yy	yy)	k. Amount
	/	Check			9-15-17	>	\$ 250.00
					(\$
							\$
	ributor Inform			Add 🔲 Re	emove		
	ame, Mailing Addr			b. Job Title/Prof	ession	d. C	omments
(includ	le city, state, & zip)					
				c. Employer's Na	me/Specific Field		
- 1						e. El	ection Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy	yy)	k. Amount
							\$
							\$
							\$
3. Cont	ributor Inform	ation		Add 🔲 Re	move		
	ame, Mailing Addr e city, state, & zip)			b. Job Title/Profe	ession	d. Co	omments
				c. Employer's Na	me/Specific Field		
						e. Ele	ection Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy)	yy)	k. Amount
					a 1		\$
							\$
	9. 1						\$
4. Tota	al only this P	age				\$ /	250.00
		RO-1210 Pages				\$	250.00 250.02
(This li	ne must be on line (of Detailed Summary P	age CRO-1100)			φ (00.00