

Statement of Organization - Candidate Committee

Is this statement:

New Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information			
a. Name of Committee		d. ID Number	
Sean Ewing for North Carolina			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
304 Stratford Drive, Mebane, NC 27302		JAN 11 2022	
c. Committee Website (Optional)		f. Phone Number	
		336-338-6538	
2. Candidate Information			
a. Full Name		c. Party Affiliation	
Sean C. Ewing		Democratic	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
304 Stratford Drive, Mebane, NC 27302		NC Senate	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-338-6538	ewingforn@gmail.com	2022	
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Sean C. Ewing			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
304 Stratford Drive, Mebane, NC 27302			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-338-6538			
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (and CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		Truist Federal Credit Union	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
		01	
c. Phone Number		c. Type	
		Checking	
<input type="checkbox"/> Email copy of report notices			
I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.			
Sean Ewing		11 JAN 2022	
Printed Name of Treasurer		Date	
Signature of Appointed Treasurer		Signature of Candidate	
I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.			
Sean Ewing		11 JAN 2022	
Printed Name of Candidate		Date	

Disclosure Report Cover

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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 Sean Ewing for North Carolina	c. ID Number
b. Mailing Address (include City, State and Zip Code) 304 Stratford Drive Mebane, NC 27302	d. Date Filed
	e. Phone Number 336-338-6538

2. Report Year 2022	3. Period Start Date (mm/dd/yy) 01/11/2022	4. Period End Date (mm/dd/yy) 01/21/2022	5. Treasurer Full Name Sean C. Ewing
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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	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<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				

II. Account Information		II. Account Information	
a. Financial Institution Full Name Truliant Federal Credit Union	b. Purpose Checking	a. Financial Institution Full Name Truliant Federal Credit Union	b. Purpose Savings
c. Account Code	d. Period Begin Balance \$ 5.00	c. Account Code	d. Period Begin Balance \$ 5.00

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.

Sean Ewing
Printed Name of Signer

[Signature]
Signature of Appointed Treasurer

11 JAN 2022
Date

FOR OFFICE USE ONLY

Date Received: 1-11-2022	Employee: <i>[Signature]</i>	Delivery Method
Date Postmarked:	Employee:	<input type="checkbox"/> Normal Mail
Date Scanned:	Employee:	<input type="checkbox"/> Registered Mail
Date Data Entered:	Employee:	<input checked="" type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> Signer has not received mandatory training

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



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: Sean Ewing

Committee Name: Sean Ewing for North Carolina

Treasurer Name: Sean Ewing

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

Committee ID #: _____

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

I, Sean C. Ewing, 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).

Name of Entity <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>Mebane Volunteer Fire Department Inc.</u>	40%
2. <u>Mebane Historical Society</u>	40%
3. <u>Alamance County Democratic Party</u>	20%

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: 11 JAN 2022