

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> 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
<i>The Committee to Elect Charlie Beasley</i>	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
<i>1134 Cardross St, Burlington, NC 27215</i>	<i>7/2/23</i>
c. Committee Website (Optional)	f. Phone Number
<i>www.charlieforcitycouncil.com</i>	<i>336-269-9716</i>

2. Candidate Information			
a. Full Name		e. Party Affiliation	
<i>Charles Allen Beasley</i>		<i>Republican</i>	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
<i>1134 Cardross St Burlington, NC 27215</i>		<i>Burlington Council Member</i>	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
<i>336-269-9716</i>	<i>info@charlieforcitycouncil.com</i>	<i>2023</i>	
<input checked="" type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
<i>Andrew Alexander Steel</i>		<i>Charles Allen Beasley</i>	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
<i>171 Glenfield Lane Burlington, NC 27215</i>		<i>1134 Cardross St. Burlington, NC 27215</i>	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
<i>203-627-7447</i>	<i>asteel1680@yahoo.com</i>	<i>336-269-9716</i>	<i>info@charlieforcitycouncil.com</i>
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 (use CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
<i>Megan Carter Beasley</i>		<i>Trust</i>	
b. Mailing Address (include City, State, and Zip Code)			
<i>1134 Cardross St. Burlington, NC 27215</i>			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<i>704-813-5186</i>	<i>mcbasley09@gmail.com</i>	<i>One</i>	<i>Political Campaign</i>
<input checked="" 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.

<u><i>Andrew Steel</i></u>	<u><i>Andrew Steel</i></u>	<u><i>7/14/23</i></u>
Printed Name of Treasurer	Signature of Appointed Treasurer	Date

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.

<u><i>Charles A. Beasley</i></u>	<u><i>Charles A. Beasley</i></u>	<u><i>7/14/23</i></u>
Printed Name of Candidate	Signature of Candidate	Date

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 JUL 14 2023
 ALAMANCE COUNTY
 BOARD OF ELECTIONS



NORTH CAROLINA STATE BOARD OF ELECTIONS

Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form.

FILED BY:

Committee Name: The Committee to Elect Charlie Beasley

Treasurer Name: Andrew Steel

Treasurer Address: 171 Glenfield Ln
(include city, state, & zip) Burlington, NC 27215

Treasurer Phone: 203-627-7447

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. **Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on reports.** If an account number is used as the "account code," confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	Truist	2040 S. Church St, Burlington, NC 27215	1340017730508	One

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

7/14/23
Date Signed

Andrew Steel
Signature of Candidate or Treasurer

For Candidate Committees Only

- In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

By signing this statement, I authorize agents of the State Board of Elections to inspect applicable accounts.

7/14/23
Date Signed

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Carls A. Berry
Signature of Candidate or Treasurer

JUL 14 2023



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: Charles Allen Beasley

Committee Name: The Committee to Elect Charlie Beasley

Treasurer Name: Andrew Alexander Steel

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

Committee ID #: _____

Level Registered: [State] [County] If county, specify: Alamance - Burlington

I, Charles Beasley, 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 (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Alamance GOP</u>	<u>50%</u>
2. <u>Little Pink Houses of Hope</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: Charles A. Beasley

Date: 7/14/23

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ALAMANCE COUNTY
BOARD OF ELECTIONS