

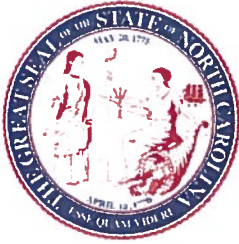
MAR 05 2018

Amendment
 Yes No

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).

1. Committee Information			
a. Full Name		c. ID Number	
ELECT BUTCH LAWTER 2018		7GHP00	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
467 EAST SECOND STREET Clayton NC 27520		02/21/2018	
		e. Phone Number	
		919-218-2834	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
ROBERT SPENCER LAWTER, JR.			REPUBLICAN <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
467 EAST SECOND ST CLAYTON NC 27520		JOHNSTON COUNTY BOARD OF COMMISSIONERS DIST. 7	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
919-218-2834	ELECTBUTCHLAWTER2018@gmail.com	2018	JOHNSTON
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Martha Jones Stovall		SAME	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1200 Little Creek Church Rd Clayton NC 27520			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-202-1301	marthastovall1@gmail.com		
<input checked="" type="checkbox"/> I prefer to receive notices by email <input checked="" 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	
N/A		KS BANK	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		ELECTION ACCOUNT	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		253170758 217261	CHECKING
<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.			
Martha J Stovall		Martha J Stovall	3/1/18
Printed Name of Signer		Signature of Appointed Treasurer	Date



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

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:

Robert Spencer Lawter, Jr. (Butch)

Treasurer Name:

Martha Jones Stovall

Treasurer Address:

1200 Little Creek Church Rd

(include city, state, & zip)

Clayton, NC 27520

Treasurer Phone:

919-202-1301

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).

3-1-18

Date Signed

Martha Jones Stovall

Signature of Candidate