

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
Susan Hawks Gordon Town Council	5C079E
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
7430 Broad Street Rural Hall, NC 27045	July 16, 2025
c. Committee Website (Optional)	f. Phone Number
	336-692-8608

2. Candidate Information

a. Full Name	e. Party Affiliation
Susan Hawks Gordon	Republican
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
7430 Broad Street Rural Hall, NC 27045	Town Council
c. Phone Number	d. Email Address
336-692-8608	SGhawks1958@gmail.com
<input checked="" type="checkbox"/> Email copy of report notices	g. Next Election Year
	2025
	h. Jurisdiction
	Rural Hall

3. Treasurer Information

a. Full Name
Robb F. Holt
b. Mailing Address (include City, State, and Zip Code)
7430 Broad Street Rural Hall NC 27045
c. Phone Number
336-707-8098
d. Email Address
Robb-holt@yahoo.com

4. Assistant Treasurer Information

a. Full Name
b. Mailing Address (include City, State, and Zip Code)
c. Phone Number
d. Email Address

Send report notices by email ☒ Yes ☐ No

☐ Email copy of report notices

5. Custodian of Books Information (Keeper of Records)

a. Full Name
b. Mailing Address (include City, State, and Zip Code)
c. Phone Number
d. Email Address

☐ Email copy of report notices

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name
First National Bank
b. Mailing Address (include City, State, and Zip Code)
647 S. main Street King NC 27021
b. Account Code
C123
c. Type
checking

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.

Robb F Holt
Printed Name of Treasurer

Signature of Appointed Treasurer

Date

July 20th 2025

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.

Susan Hawks Gordon
Printed Name of Candidate

Signature of Candidate

Date

July 20th 2025



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

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

FILED BY:

Committee Name: Susan Hawks Gordon Town Council
Treasurer Name: Robb F Holt
Treasurer Address: 7430 Broad Street
(include city, state, & zip) Rural Hall, NC 27045

Treasurer Phone: 336-707-8098

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

☐ I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

July 20th, 2025
Date Signed

[Signature]
Signature



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: Susan Hawks Gordon

Committee Name: Susan Hawks Gordon Town Council

Treasurer Name: Robb F. Holt

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

Committee ID #: 5C079E

Level Registered: [State] [County] If county, specify: Rural Hall

I, Susan Hawks Gordon, 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>Returner to Donor</u>	<u>100%</u>
2. _____	_____
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: _____

Date: _____

CRO-3900

Candidate Designation of Committee Funds