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 a

Amendment	
X Yes	No

This form must be accompanied by forms CRO-3100 and CR	O-3500 (when amending, only re-submit it applicable).		
1. Committee Information			
a. Full Name	c. ID Number		
Steve Schewel for City	Connail		
b. Mailing Address (include City, State and Zip Code)	d. Date Organized		
2101 W. Club Blvd.			
Durham, NC 27705	e. Phone Number		
Durham, MC 21103	919-451-9215		
	114-131 1-12		
2. Candidate Information	Candidate's Primary Committee		
a. Full Name	e. Candidate ID Number f. Party Affiliation		
Stephen Matthew Schewel	Non-partison race		
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought		
2101 W. Club Blvd.			
Durham, NC 27705	City Council		
e Phone Number d Empil Address	h. Next Election Year i. Jurisdiction		
919-451- storaschewel Egmul, com	2015 City of		
	2015 Ducham		
Email copy of notices			
3. Treasurer Information	4. Custodian of Books Information		
a. Full Name	a. Full Name		
Jewel Wheeler			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
1026 Wells St			
Durham, NC 27707			
c. Phone Number d. Email Address	c. Phone Number d. Email Address		
919-660- Jewel wheeler 6535 Oduke.edu			
I prefer to receive notices by email Yes No	Email copy of notices		
5. Assistant Treasurer Information Add	6. Account Information (incl. CRO-3500) Add		
a. Full Name Remove	a. Financial Institution Full Name Remove		
	IN PERSON		
b. Mailing Address (include City, State, and Zip Code)	b. Purpose		
	FEB 1 0 2015		
	DUDUAAA		
	c. Account Code d. Type		
c. Phone Number d. Email Address	c. Account Code d. Type		
☐ 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.			
Ci. Mari I Di.	ci n ci i li n li i li i		
Stephen M. Schewel State	m 111. DCHEWY 2/10/15		
Printed Name of Signer Signature of Appointed Treasurer Date			



North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director IN PERSON

FEB 1 0 2015

DURHAM BOE

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:	Staphan M. Schewel	
Treasurer Name:	Jawel Wheeler	
Treasurer Address:	1026 Wells St.	
(include city, state, & zip)	Ducham, NC 27707	
		•
Treasurer Phone:	919-660-6535	

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).

2 18 15 Date Signed Stylon M. Schewel
Signature of Candidate



North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

Date:

CRO-3900

IN PERSON

FEB 1 0 2015

DURHAM BOE

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

July 2014

Candidate Designation of Committee Funds			
This form is used by candidate committees only and allow how the committee's funds are to be disbursed using the e	s the candidate to designate in the event of their death, ight allowable methods outlined in 163-278.16B(a).		
This Designation is filed at the Board of Elections office	e where the committee's campaign reports are filed,		
Candidate Name: Stephen M.	Schewel		
Committee Name: Steve Schewe	1 for City Council		
Treasurer Name: Jewel Wheel	er		
If Candidate is own treasurer, designate an agent to carry out designations:			
Committee ID #:			
Level Registered: [State] [County] If county,	specify: Municipal		
I, Stephen N. Schewel, hereby direct that in the event of my death or incapacity all 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. Urban Ministries of Durcham	100 %		
2			
3			
By signing this form, I certify that the foregoing of Gen. Statute 163-278.16B(a). A copy of this form records.	n should be maintained with the Committee		
Signature of Candidate: Xtohan M	Laborarel		

Candidate Designation of Committee Funds