

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).

Amendment

☐ Yes

☐ No

1. Committee Information

a. Full Name	c. ID Number
Committee to Elect, John Everett, Mayor	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
16 Midgett Place, Durham, NC 27703	3/16/2015
	e. Phone Number
	919-596-4614

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
John Henry Everett		Democratic
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	(Indicate Non-partisan if applicable)
16 Midgett Place, Durham, NC 27703	Mayor	
c. Phone Number	d. Email Address	h. Next Election Year
919-596-4614	buckrun15@yahoo.com	2015
<input type="checkbox"/> Email copy of notices		i. Jurisdiction
		Durham County

3. Treasurer Information

a. Full Name
Barry Jackson
b. Mailing Address (include City, State, and Zip Code)
3912 Bristlewood Drive, Durham, NC 27703
c. Phone Number
919-452-0318
d. Email Address
bjackson77@gmail.com

4. Custodian of Books Information

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

I prefer to receive notices by email ☐ Yes ☒ No

☐ Email copy of notices

5. Assistant Treasurer Information

☐ Add
☐ Remove

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

6. Account Information (incl. CRO-3500)

☐ Add
☐ Remove

a. Financial Institution Full Name
b. Purpose
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.

John Everett
Printed Name of Signer

John Everett
Signature of Appointed Treasurer

3-17-2015
Date



North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

IN PERSON

MAR 17 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 to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: John Eveett
Treasurer Name: Barry Jackson
Treasurer Address: 3912 Bristlewood Dr.
(include city, state, & zip) Durham, NC 27703

Treasurer Phone: 919-452-0318

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).

3/16/2015

Date Signed

John Eveett
Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



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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).

Candidate Name: John Everett

Committee Name: Committee to Elect John Everett, Maypr

Treasurer Name: Barry Jackson

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

Committee ID #: 47-31415192

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

I, John Everett
(Name of Candidate)

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. <u>AMPHF</u> | <u>50 %</u> |
| 2. <u>Church of Ephesus</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: _____

Date: 3/16/2015

Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.