

# Statement of Organization - Candidate Committee

Amendment

☐ Yes ☐ No

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).

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
Committee to Elect James Lyons			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. BOX 110491 Durham, NC 27709		3-9-15	
		e. Phone Number	
		919-627-2722	
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	
James Lyons			
b. Mailing Address (include City, State, and Zip Code)		f. Party Affiliation	
P.O. Box 110491 Durham, NC 27709		Democratic (Indicate Non-partisan (if applicable))	
c. Phone Number		g. Office Sought	
919-627-2722		Mayor	
d. Email Address		h. Next Election Year	
jll Lyons@yahoo.com		2015	
<input checked="" type="checkbox"/> Email copy of notices		i. Jurisdiction	
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
TAMMY L. LYONS		IN PERSON	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
PO BOX 110491 DURHAM, NC 27709		MAR 17 2015 DURHAM BOE	
c. Phone Number		c. Phone Number	
919-627-2722			
d. Email Address		d. Email Address	
tammylyons1220@gmail.com			
I prefer to receive notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information</b> (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number		c. Account Code	
d. Email Address		d. Type	
<input type="checkbox"/> Email copy of notices			
<b>CERTIFICATION</b>			
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.			
Tammy L. Lyons		3-17-15	
Printed Name of Signer		Date	



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

Kimberly Westbrook-Strach  
Deputy Director – Campaign Reporting

IN PERSON

MAR 17 2015

DURHAM BOE

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

### 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:

James Lyons

Treasurer Name:

TAMMY L. LYONS

Treasurer Address:

PO BOX 110491

(include city, state, & zip)

DURHAM, NC 27709

Treasurer Phone:

919-627-2722

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).

3-17-15

Date Signed

[Signature]  
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 nine allowable methods outlined in 163-278.16B(a).

Candidate Name: James Lyons

Committee Name: Committee to Elect James Lyons for Mayor

Treasurer Name: TAMMY L. LYONS

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

Committee ID #: \_\_\_\_\_

Level Registered: [State] (County) If county, specify: DURHAM

I, James Lyons, 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>Durham Rescue Mission</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: 3-17-15

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