

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 Sandra Davis For City Council		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 1156 Fiske St. Durham, NC 27703		d. Date Organized 7/7/15	
		e. Phone Number 919-408-6657	
DURHAM BOE			
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name Sandra Shazette Davis		c. Candidate ID Number	
b. Mailing Address (include City, State, and Zip Code) 1156 Fiske St. Durham, NC 27703		f. Party Affiliation Non-Partisan (Indicate Non-partisan if applicable)	
g. Office Sought City Council			
c. Phone Number 919-408-6657	d. Email Address Sandra For City Council@gmail.com	h. Next Election Year 2015	i. Jurisdiction
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Sandra Shazette Davis		a. Full Name Sandra Shazette Davis	
b. Mailing Address (include City, State, and Zip Code) 1156 Fiske St. Durham, NC 27703		b. Mailing Address (include City, State, and Zip Code) 1156 Fiske St. Durham, NC 27703	
c. Phone Number 919-408-6657	d. Email Address	c. Phone Number	d. Email Address
I prefer to receive notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		6. Account Information (incl. CRO-3500) <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name Suntrust Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Candidate Committee Funds	
c. Phone Number	d. Email Address	c. Account Code	d. Type 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.			
Sandra Shazette Davis Printed Name of Signer		Sandra Shazette Davis Signature of Appointed Treasurer	
		7/14/15 Date	



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

IN PERSON

JUL 16 2015

DURHAM BOE

Kim Westbrook Strach
Executive Director

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:

Sandra Shazette Davis

Treasurer Name:

Sandra Shazette Davis

Treasurer Address:

1156 Fiske St.

(include city, state, & zip)

Durham, NC 27703

Treasurer Phone:

919-408-6657

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).

7/14/15
Date Signed

Signature of Candidate



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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).

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

Candidate Name: Sandra Shazette Davis

Committee Name: Sandra Davis For City Council

Treasurer Name: Sandra Shazette Davis

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

Committee ID #: _____

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

I, Sandra S. Davis, 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 Urban Ministries</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: Sandra S. Davis

Date: 7/14/15