

# 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).

## 1. Committee Information

a. Full Name	c. ID Number
The Committee to Elect Robert T. Stephens	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
P.O. 262 Durham, NC 27702	07/21/15
	e. Phone Number
	(910) 551-4772

## 2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Robert Terrell Stephens	UCLWAX	Democrat
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
5908 Tarrance Drive Apt 34 Durham, NC 27713	Durham City Council	
c. Phone Number	d. Email Address	h. Next Election Year
(910) 551-4772	robertstephensfordurham@gmail.com	2015
<input type="checkbox"/> Email copy of notices		i. Jurisdiction

## 3. Treasurer Information

a. Full Name	a. Full Name
Linda Scott-Cole	
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
1830 Hattie Circle Winston-Salem, NC 27110	
c. Phone Number	d. Email Address
(336) 473-7504	ssprez0406@bellsouth.net

I prefer to receive notices by email ☐ Yes ☐ No ☐ Email copy of notices

## 5. Assistant Treasurer Information

a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	6. Account Information (incl. CRO-3300)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)	b. Purpose		
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.

Robert T. Stephens

Printed Name of Signer

Robert T. Stephens

Signature of Appointed Treasurer

07/22/15

Date



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

IN PERSON

JUL 22 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: Robert Terrell Stephens  
Treasurer Name: Linda Scott-Cole  
Treasurer Address: 1830 Hattie Circle  
(include city, state, & zip) Winston-Salem, NC 27105  
  
  
Treasurer Phone: (336) 473-7504

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).

07/21/15

Date Signed

Robert T. Stephens

Signature of Candidate



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

Kim Westbrook Strach  
Executive Director

IN PERSON

JUL 22 2015

DURHAM BOE

Mailing Address  
PO Box 27255  
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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: Robert T. Stephens

Committee Name: The Committee to Elect Robert T. Stephens

Treasurer Name: Linda Scott-Cole

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

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

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

I, Robert T. Stephens, 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>Winston-Salem State University</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: 07/21/15