

# 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 Committee to Elect Wayland Burton		c. ID Number IN PERSON	
b. Mailing Address (include City, State and Zip Code) PO Box 12 Rougemont, North Carolina 27572		d. Date Organized OCT 15 2015 DURHAM BOE	
		e. Phone Number 919-321-2981	
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name Wayland Burton		c. Candidate ID Number	
		f. Party Affiliation Democrat (Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code) PO Box 12 Rougemont, North Carolina 27572		g. Office Sought Office of Register of Deeds	
e. Phone Number 919-321-2981	d. Email Address electburton@gmail.com	h. Next Election Year 2016	i. Jurisdiction Durham County
<input type="checkbox"/> Email copy of notices			
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name Wayland Burton		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) PO Box 12 Rougemont, North Carolina 27572		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 919-321-2981	d. Email Address electburton@gmail.com	c. Phone Number	d. Email Address
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
<b>5. Assistant Treasurer Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>6. Account Information</b> (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name Carter Bank & Trust	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Campaign Funds	
c. Phone Number	d. Email Address	c. Account Code	d. Type Commercial
<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.			
Wayland Burton Printed Name of Signer		[Signature] Signature of Appointed Treasurer	
		10/15/2015 Date	



North Carolina  
State Board of Elections

441 N Harrington Street  
Raleigh, NC 27603

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: Wayland Burton

Treasurer Name: Wayland Burton

Treasurer Address: PO Box 12  
(include city, state, & zip) Rougemont, North Carolina 27572

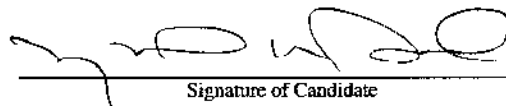
Treasurer Phone: 919-321-2981

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).

10/15/2015

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: Wayland Burton

Committee Name: Committee to Elect Wayland Burton

Treasurer Name: Wayland Burton

If Candidate is own treasurer, designate an agent to carry out designations: Michelle Parker-Evans

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

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

I, Wayland Burton, 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).

<u>Name of Entity</u> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Robert &amp; Mattie Endowed Fund</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: [Signature]

Date: 10/15/2015