

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

Committee to Elect DILCY BURTON

c. ID Number

CCJ4JD

b. Mailing Address (include City, State and Zip Code)

PO Box 51901
DURHAM, NC 27717

d. Date Organized

2/14/12

e. Phone Number

919-297-2093

2. Candidate Information☒ Candidate's Primary Committee

a. Full Name

DILCY BURTON

c. Candidate ID Number

f. Party Affiliation

DEM

(Indicate Non-partisan if applicable)

b. Mailing Address (include City, State, and Zip Code)

PO Box 51901
DURHAM, NC 27717

g. Office Sought

COUNTY COMMISSIONER

c. Phone Number

919-297-2093

d. Email Address

h. Next Election Year

2012

i. Jurisdiction

DURHAM

☐ Email copy of notices**3. Treasurer Information**

a. Full Name

DILCY BURTON

4. Custodian of Books Information

a. Full Name

[SAME AS CANDIDATE]

b. Mailing Address (include City, State, and Zip Code)

PO Box 51901
DURHAM, NC 27717

b. Mailing Address (include City, State, and Zip Code)

[SAME]

c. Phone Number

919-297-2093

d. Email Address

c. Phone Number

[SAME]

d. Email Address

I prefer to receive notices by email

☐ Yes☒ No☐ Email copy of notices**5. Assistant Treasurer Information**

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

☐ Email copy of notices**6. Account Information** (incl. CRO-3500)

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Type

RECEIVED

FEB 22 REC'D

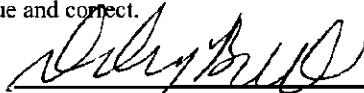
DURHAM COUNTY
BOARD OF ELECTIONS**CERTIFICATION**

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.

DILCY BURTON

Printed Name of Signer



Signature of Appointed Treasurer

2/22/12

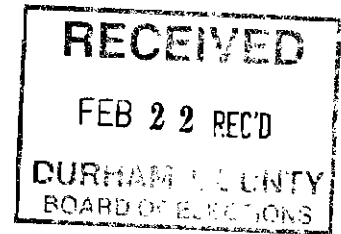
Date



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

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

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: DILCY BURTON

Treasurer Name: DILCY BURTON

Treasurer Address: [SAME AS CANDIDATE MAILING ADDRESS]

(include city, state, & zip) PO BOX 51901

DURHAM, NC 27717

Treasurer Phone: 919-297-2093

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).

2/22/12

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.