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: Campaign to Re-Elect Michael D. Page

c. ID Number:

d. Mailing Address (include City, State and Zip Code): P. O. Box 261, Durham, NC 27702

j. Date Organized: 3/14/12

e. Phone Number: (919) 361-2146

2. Candidate Information ☐ Candidate's Primary Committee

a. Full Name: Michael ~~D.~~ Page Deleno

c. Candidate ID Number:

f. Party Affiliation: Democrat (Unless Non-partisan if applicable)

b. Mailing Address (include City, State, and Zip Code): 702 Basil Drive, Durham, NC 27713

g. Office Sought: Durham County Commissioner

c. Phone Number: (919) 361-2146

d. Email Address: mdelanopage@aol.com

☐ Email copy of notices

h. Next Election Year: 2012

i. Jurisdiction:

3. Treasurer Information

a. Full Name: Robin Mason

b. Mailing Address (include City, State and Zip Code): 11709 Strickland Rd. Raleigh, NC 27613

c. Phone Number: (919) 247 8285

d. Email Address: rmason64@yahoo.com

I prefer to receive notices by email ☑ Yes ☐ No

4. Custodian of Books Information

a. Full Name: Same as treasurer

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

c. Phone Number:

d. Email Address:

☐ Email copy of notices

5. Assistant Treasurer Information ☐ Add ☐ Remove

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 (See CRO-3500) ☐ Add ☐ Remove

d. Financial Institution Name: SunTrust Bank

b. Purpose:

c. Account Code:

d. Type:

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.

Michael D. Page — Printed Name of Signor

Robin Mason — Signature of Appointed Treasurer

3/14/12 — Date

North Carolina
State Board of Elections
501 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: Michael D. Page

Treasurer Name: Robin Mason

Treasurer Address: 11809 Strickland Road

(include city, state, & zip) Raleigh, NC 27613

Treasurer Phone: (919) 247-8285

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).

3/12/12
Date Signed

Michael D. Page
Signature of Candidate

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