

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	
Committee to Elect Kelly Smoke		46-0549891	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
5842 Fayetteville Rd # 215 Durham, NC 27713		7/8/12	
		e. Phone Number	
		(919) 972-8632	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Kelly Simone Smoke			Non-partisan (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
5842 Fayetteville Rd # 215 Durham, NC 27713		solid water conservation district supervisor	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
(919) 928-4204	KSSmoke@gmail.com		
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Latencia Renee Daniels			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1829 Front St # F9 Durham, NC 27705			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-512-2365	lrdaniels718@gmail.com		
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		IN-PERSON	
		JUL 1 2 2012	
c. Phone Number	d. Email Address	c. Account Code	d. Type
			DURHAM BOE
<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.			
Kelly Simone Smoke		Kelly Simone Smoke 7/12/12	
Printed Name of Signer		Signature of Appointed Treasurer Date	



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

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

IN-PERSON

JUL 12 2012

DURHAM BOE

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: Kelly Smoke
Treasurer Name: LaVonda Daniels
Treasurer Address: 1829 Front St # F9
(include city, state, & zip) Durham, NC 27705

Treasurer Phone: 336-512-2345

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).

7/12/12
Date Signed

Kelly Ann Smoke
Signature of Candidate

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