

Statement of Organization - Candidate Committee

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.

Amendment

☐ Yes

☒ No

1. Committee Information			
a. Full Name		c. ID Number	
Steve Schewel for City Council			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
2101 W. Club Blvd. Durham, NC 27705		6/13/11	
		e. Phone Number	
		919-286-0116	
2. Candidate Information		<input checked="" type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Stephen M. Schewel			Nonpartisan
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
2101 W. Club Blvd. Durham, NC 27705		City Council	City of Durham
		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Rosemary Thorne		IN-PERSON	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
96 Winthrop Ct Durham, NC 27707		JUN 13 2011 DURHAM BOE	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-489-6391	Rosemary.Thorne@duke.edu		
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		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
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.			
Rosemary Thorne		6-13-11	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	



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

IN-PERSON

JUN 13 2011

DURHAM BOE

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: Steve Schewel
Treasurer Name: Rosemary Thorne
Treasurer Address: 9 Wintthrop Ct
(include city, state, & zip) Durham, NC 27707

Treasurer Phone: 919-489-6396

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).

6/13/11

Date Signed

St M Sch

Signature of Candidate

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



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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 nine allowable methods outlined in 163-278.16B(a).

Candidate Name: Steve Schewel

Committee Name: Steve Schewel for City Council

Treasurer Name: Rosemary Thorne

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

Committee ID #: _____

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

I, Steve Schewel, 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>Student U.</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: St n Sch

Date: 6/13/11

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