

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	
COMMITTEE TO ELECT R. MILES STANDISH			
b. Mailing Address (include City, State, and Zip Code)		d. Date Organized	
912 VALETTA RD DURHAM, NC 27712		2/10/10	
		e. Phone Number	
		(919) 479-5585	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
R. MILES STANDISH		DEMOCRAT	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
912 VALETTA ROAD DURHAM, NC 27712	NC HOUSE OF REPS	DIST 55	
(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		
R. MILES STANDISH	R. MILES STANDISH		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
912 VALETTA RD. DURHAM, NC 27712	912 VALETTA RD DURHAM, NC 27712		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
479-5585		479-5585	
5. Assistant Treasurer Information		6. Account Information (N.C. CRO-3500)	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)	b. Purpose		
c. Phone Number	d. Email Address	e. 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.			
R. MILES STANDISH		R. Miles Standish	
Printed Name of Signer		Signature of Appointed Treasurer	
		2/10/10	
		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:

P. MILES STANBISH

Treasurer Name:

P. MILES STANBISH

Treasurer Address:

912 VALETTA ROAD

(include city, state, & zip)

DURHAM, NC 27712

Treasurer Phone:

(919) 479-6685

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).

5/10/10

Date Signed

P. Miles Standish
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: R. MILES STANDISH
Committee Name: COMMITTEE TO ELECT R. MILES STANDISH
Treasurer Name: R. MILES STANDISH
If Candidate is own treasurer, designate an agent to carry out designations: _____
Committee ID #: _____
Level Registered: [State] [County] If county, specify: _____

I, R. MILES STANDISH, 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 %)
<u>#1. RETURN ALL OF A CONTRIBUTION TO CONTRIBUTOR</u>	<u>100%</u>
<u>#2. PAYMENT OF PENALTIES</u>	
<u>3. _____</u>	

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: R. Miles Standish

Date: 2/10/10

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