Statement of Organization - Referendum Committee

Amendment ☐ Yes ☐ No

Use this form to create a new or update an existing referendum committee. This form must be accompanied by form CRO-3500.

a. Full Name		TO BE THE REAL PROPERTY.	
		c. ID Number	
DURHAM PREDARED MEALS TAX COMMITTEE		26-3212150	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. BOX 13508		Aug 19, 2008	
Research Triangle PARK, N.C. 27709		e. Phone Number	
(Physical Address: Suite 200: 100 PARK Offices DRIVE)		Rivel 919-549-9506	
2. Referendum Information	Comment of the later of the lat	THE STATE OF THE PARTY OF THE P	
a. Full Name	b. Date of Referendo	The state of the s	
Prepared Meals TAX	Nov. 4, 2	Support Oppose	
3. Treasurer Information	4. Custodian of I	Books Information	
a, Full Name	a. Full Name		
Robert D. Teer JR.	Robert	Teen Te	
b. Mailing Address (include City, State, and Zip Code)	Robert D. Teer Jr. b. Mailing Address (include City; State, and Zip Code)		
P.O. BOX 13508	Same		
RTP, NC 27709			
c. Phone Number d. Email Address	c. Phone Number	d. Email Address	
919-549-9506 teer eteer-rtp	Same	Same	
5 Assistant Treasurer Information And	6. Account Infor	mation Section Date :	
a, Full Name		on Full Name	
None	CARdiNAL STATE BANK		
h. Mailing Address (include City, State, and Zip Code)	h. Purpose		
	Deposit Contributions AND PAY		
	Expense.	5	
c. Phone Number d. Emuil Address	c. Account Code	d. Type	
		Checking	
I certify that the Committee or Fund is in compliance Chapter 163 of the NC General Statutes and that no further certify that this report is complete, true and co	with all applicable provi unds are commingled with	th prohibited or other non-disclosed funds.	
CRO-2100E NCS	tate Board of Elections	December 20	

NC State Board of Elections

December 2007



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

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 . 14. 11. 14	P5 Y *

Candidate Name: Durham Prepared Meals Tax Committee

Treasurer Name: Robert D. Teen Jr.

Treasurer Address: P.O. BOX 13508

(include city, state, & zip) Research Triangle Part, N. C. 27709

Treasurer Phone: 919 - 549 - 9506

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).

8-26-08 Date Signed

Signature of Candidate

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

RECEIVED

CRO-3100

AUG 2 6 7008

Certification of Treasurer

June 2007