


# 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).

<b>1. Committee Information</b>			
a. Full Name Elect Don Moffitt		c. ID Number <b>IN-PERSON</b>	
b. Mailing Address (include City, State and Zip Code) 2110 Englewood Ave Durham, NC 27705		d. Date Organized APR 2 2 2013 DURHAM BOE	
		e. Phone Number 919-286-3584	
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name Don Moffitt		c. Candidate ID Number DUR001	f. Party Affiliation Democrat (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code) 2114 Wilson St Durham, NC 27705		g. Office Sought Durham City Council	
c. Phone Number 919-812-3474	d. Email Address don.moffitt@gmail.com	h. Next Election Year 2013	i. Jurisdiction Durham
<input type="checkbox"/> Email copy of notices			
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name Marilyn Butler		a. Full Name Marilyn Butler	
b. Mailing Address (include City, State, and Zip Code) 2110 Englewood Ave Durham, NC 27705		b. Mailing Address (include City, State, and Zip Code) 2110 Englewood Ave Durham, NC 27705	
c. Phone Number 919-286-3584	d. Email Address butler.marilyn@gmail.com	c. Phone Number 919-286-3584	d. Email Address butler.marilyn@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			
<b>5. Assistant Treasurer Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>6. Account Information</b> (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name Mechanics & Farmers	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose checking acct	
c. Phone Number	d. Email Address	c. Account Code 201	d. Type checking
<input type="checkbox"/> Email copy of notices			
<b>CERTIFICATION</b>			
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.			
Marilyn Butler Printed Name of Signer		Signature of Appointed Treasurer 	
		4/22/2013 Date	



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

IN-PERSON

APR 24 2013

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: Don Moffitt  
Treasurer Name: Marilyn Butler  
Treasurer Address: 2110 Englewood Ave  
(include city, state, & zip) Durham, NC 27705  
  
  
Treasurer Phone: 919-286-3584

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).

23 April 2013  
Date Signed

Don Moffitt  
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: Don Moffitt

Committee Name: Elect Don Moffitt

Treasurer Name: Marilyn Butler

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

Committee ID #:

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

I, Marilyn Butler, hereby direct that in the event of the death or incapacity of the  
(Name of candidate or estate representative)  
aforementioned candidate, all funds remaining in the 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).

<u>Name of Entity</u> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. East Durham Children's Initiative	100%
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 or Representative: Marilyn Butler Date: 4/22/2013

If signed by an estate representative, indicate the date of candidate's death:

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