

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 (when amending, only re-submit if applicable).

Amendment

☐ Yes

☐ No

1. Committee Information					
a. Full Name			c. ID Number		
PAM KARRIKER FOR CITY COUNCIL					
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
2308 STROLLER AVE DURHAM, NC 27705			6/11/2013		
			e. Phone Number		
			919 286 7514		
2. Candidate Information <input checked="" type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
PAMELA H. KARRIKER				DEM	
				(Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
2308 STROLLER AVE DURHAM NC 27705		CITY COUNCIL			
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
919 286-7514	pkarriker@mindspring.com			WARD 3	
<input type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
ROBIN K. HENNING			IN-PERSON		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
8723 MILLERS BEND BAHAMA, NC 27503			JUN 10 2013		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address	DURHAM BOE	
(919) 479-0903	robin.henning@Frontier.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			6. Account Information (incl. CRO-3500)		
<input type="checkbox"/> Add <input type="checkbox"/> Remove			<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		
c. Phone Number	d. Email Address	c. Account Code	d. Type		
<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.					
ROBIN K. HENNING		Rob K Henning		6/10/13	
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

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: PAM KARRIKER
Treasurer Name: ROBIN HENNING
Treasurer Address: 8723 MILLER'S BEND
(include city, state, & zip) BAHAMIA, NC 27503

Treasurer Phone: 919 479-0903

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).

6/10/2013
Date Signed

Pam Karriker
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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IN-PERSON

JUN 11 2013

DURHAM BOE

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PO Box 27255
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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: PAM KARRIKER ~~FOR CITY COUNCIL~~

Committee Name: PAM KARRIKER FOX CITY COUNCIL

Treasurer Name: ROBIN HENNING

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

Committee ID #: 61-1714806

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

I, Pam KARRIKER, 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>DURHAM RESCUE MISSION</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: Pam Karriker

Date: 6/10/2013

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