

# 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).

## 1. Committee Information

a. Full Name	c. ID Number
Committee to Elect Franklin D. Hanes	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
460 South Driver Street Durham, NC 27703	06/05/2013
	e. Phone Number
	(919) 578 9968

## 2. Candidate Information

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Franklin D. Hanes		Non Partisan
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	(Indicate Non-partisan if applicable)
460 South Driver Street Durham, NC 27703	Durham City Council - Ward 2	
c. Phone Number	h. Next Election Year	i. Jurisdiction
(919) 578 9968	2013	City of Durham, Durham County
<input type="checkbox"/> Email copy of notices		

## 3. Treasurer Information

a. Full Name	4. Custodian of Books Information
Ronald L. Newton	a. Full Name
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
3201 Yorktown Ave #119 Durham, NC 27713	3201 Yorktown Ave. #119 Durham, NC 27713
c. Phone Number	d. Email Address
919 425 1277	Sotarservices@yahoo.com
<input checked="" type="checkbox"/> I prefer to receive notices by email	<input type="checkbox"/> Email copy of notices

## 5. Assistant Treasurer Information

a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
N/A	
b. Mailing Address (include City, State, and Zip Code)	6. Account Information (incl. CRO-3500)
	a. Financial Institution Full Name
	Yakin Valley Bank
c. Phone Number	b. Purpose
	Campaign Committee Fund
d. Email Address	c. Account Code
	d. Type
	CHECKING
<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.

Ronald L. Newton

Printed Name of Signer

*[Signature]*

Signature of Appointed Treasurer

06/05/13

Date



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

IN-PERSON

JUL 2 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:

FRANKLIN D. HANES

Treasurer Name:

RONALD L. NEWTON

Treasurer Address:

3201 YORKTOWN AVE. #119

(include city, state, & zip)

DURHAM, N.C. 27713

Treasurer Phone:

(919) 425-1277

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).

06/05/13

Date Signed

Franklin D. Hanes

Signature of Candidate

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



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

IN-PERSON

JUL 10 2013

DURHAM BOE

Kim Westbrook Strach  
Executive Director

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

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

Candidate Name: Franklin D. Hanes

Committee Name: Committee to Elect Franklin D. Hanes

Treasurer Name: Ronald Newton

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

Committee ID #: \_\_\_\_\_

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

I, Franklin D. Hanes, 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>Duke Hospice of Durham</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: Franklin D. Hanes

Date: 7/10/13

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