

IN-PERSON

JAN 03 2014

Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee. **DURHAM BOE**

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

a. Full Name	c. ID Number
COMMITTEE TO ELECT RICHARD BUCHANAN	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
1821 GLENN SCHOOL RD DURHAM, NC 27704	12-28-13
	e. Phone Number
	919 530-1652

a. Full Name	e. Candidate ID Number	f. Party Affiliation
RICHARD DANIEL BUCHANAN		DEMOCRAT (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
1821 GLENN SCHOOL RD DURHAM, NC 27704	SHERIFF	
c. Phone Number	d. Email Address	h. Next Election Year
919 530-1652	CAPTBB06@yahoo.com	2014
<input checked="" type="checkbox"/> Email copy of notices		i. Jurisdiction
		DURHAM CO.

a. Full Name	a. Full Name
Frankie D Wilson	FRANKIE D WILSON
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
1189 Cash Rd Creedmoor NC 27522	1189 CASH RD CREEDMOOR, NC 27522
c. Phone Number	d. Email Address
(919) 345-1766	wilsh Heath@aol.com
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Email copy of notices	

a. Full Name	a. Financial Institution Full Name
	First Citizens Bank
b. Mailing Address (include City, State, and Zip Code)	b. Purpose
	Contributions
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of notices	
c. Account Code	d. Type
DDA	Checking

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.

<u>Frankie D Wilson</u>	<u>Frankie D Wilson</u>	<u>1/2/14</u>
Printed Name of Signer	Signature of Appointed Treasurer	Date



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

Kim Westbrook Strach
Executive Director

IN-PERSON
JAN 03 2014
DURHAM BOE
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: Richard D. Buchanan
Treasurer Name: Frankie D. Wilson
Treasurer Address: 1189 Cash Rd.
(include city, state, & zip) Creedmoor, NC 27522

Treasurer Phone: 919 345-1766

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).

1-3-2014
Date Signed

Richard D. Buchanan
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 eight allowable methods outlined in 163-278.16B(a).

Candidate Name: RICHARD D. BUCHANAN

Committee Name: COMMITTEE TO ELECT RICHARD BUCHANAN

Treasurer Name: FRANKIE D. WILSON

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

Committee ID #: _____

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

I, RICHARD BUCHANAN, 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>HABITAT 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: RICHARD D. BUCHANAN

Date: 1-8-14

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