

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 Lisa Gordon Stella			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
4325 Swarthmore Rd, Durham NC 27707		1/24/14	
		e. Phone Number	
		919-274-5719	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Lisa Gordon Stella			non-partisan
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
4325 Swarthmore Rd, Durham NC 27707		Durham School Board District 3	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
919-274-5719	lisa.stella@me.com	2014	Durham
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Jane Stella			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
115 Diamond Head Dr., Durham, NC 27705			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
303-378-6940	jane@stellas.net		
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)	
a. Full Name		a. Financial Institution Full Name	
		Fidelity Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Checking Account for Committee	
c. Phone Number	d. Email Address	e. Account Code	d. Type
		01	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.			
Jane Stella		Jane Stella	
Printed Name of Signer		Signature of Appointed Treasurer	
		1/24/14	
		Date	

CRO-2100A

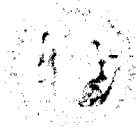
NC State Board of Elections

May 2011

IN-PERSON

JAN 27 2014

DURHAM BOE



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

IN-PERSON

JAN 24 2014

DURHAM BOE

Kim Westbrook Strach
Executive Director

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: Lisa Gordon Stella
Treasurer Name: Jane Stella
Treasurer Address: 115 Diamond Head Dr
(include city, state, & zip) Durham, NC 27705

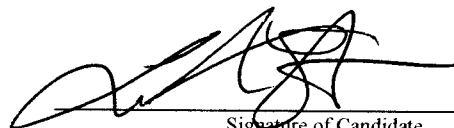
Treasurer Phone: 303-378-6940

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).

1/24/2014

Date Signed


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

JAN 24 2014

DURHAM BOE

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Raleigh, NC 27611-7255
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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: Lisa Gordon Stella

Committee Name: Committee to Elect Lisa Gordon Stella

Treasurer Name: Jane Stella

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

Committee ID #: _____

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

I, Lisa Gordon Stella
(Name of Candidate)

hereby direct that in the event of my

death or incapacity all 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).

<u>Name of Entity</u> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Thomas Mentor Leadership Acade</u>	<u>75</u>
2. <u>Youth Justice N.C.</u>	<u>25</u>
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: _____

Date: 1/24/2014

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