

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 Michael (Mike) D. ANDREWS			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
5707 FURMAN LANE DURHAM, N.C. 27712		IN-PERSON FEB 04 2014 DURHAM BOE	
		e. Phone Number	
		919-471-3374	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	
MICHAEL DAVID ANDREWS			
b. Mailing Address (include City, State, and Zip Code)		f. Party Affiliation	
6108 WAKE FOREST DURHAM, N.C. 27703		(Indicate Non-partisan if applicable)	
g. Office Sought			
SHERIFF			
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
919-596-9887		2014	Durham
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information			
a. Full Name			
BARBARA ANDREWS BROWN			
b. Mailing Address (include City, State, and Zip Code)			
5707 FURMAN LANE DURHAM, N.C. 27712			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-471-3374	browntrustme@aol.com	919-471-3374	browntrustme@aol.com
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
4. Custodian of Books Information			
a. Full Name			
BARBARA ANDREWS BROWN			
b. Mailing Address (include City, State, and Zip Code)			
5707 FURMAN LANE DURHAM, N.C. 27712			
c. Phone Number			
919-471-3374			
d. Email Address			
browntrustme@aol.com			
<input checked="" type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name			
b. Mailing Address (include City, State, and Zip Code)			
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.			
BARBARA ANDREWS BROWN		Barbara Andrews Brown	
Printed Name of Signer		Signature of Appointed Treasurer	
		2/3/14	
		Date	



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

IN-PERSON

FEB 03 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: MICHAEL (MIKE) D. ANDREWS
Treasurer Name: BARBARA A. BROWN
Treasurer Address: 5707 FURMAN LANE
(include city, state, & zip) DURHAM, N.C. 27712

Treasurer Phone: (919) 471-3374

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).

2/3/2014
Date Signed

Michael D. Andrews
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: MICHAEL (MIKE) D. ANDREWS
Committee Name: COMMITTEE TO ELECT MICHAEL (MIKE) D. ANDREW SHERIFF
Treasurer Name: BARBARA ANDREWS BROWN
If Candidate is own treasurer, designate an agent to carry out designations: _____
Committee ID #: _____
Level Registered: [State] [County] If county, specify: Durham

I, MICHAEL D. ANDREWS, 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>N.C. Special Olympics</u>	<u>33.3 %</u>
2. <u>DURHAM RESCUE MISSION</u>	<u>33.3 %</u>
3. <u>SUSAN G. KOMEN FOR THE CURE</u>	<u>33.3 %</u>

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: Michael D. Andrews
Date: 2/4/2014

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