

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
Thomas M. Poole	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
809 E. Ellerbee Street, Durham, NC 27704	2/12/2014
	e. Phone Number
	919-229-1151

2. Candidate Information

☒ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Thomas M. Poole		Non-partisan
		(Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
809 E. Ellerbee Street, Durham, NC 27704	Durham Public School Board District 1A	
c. Phone Number	d. Email Address	h. Next Election Year
919-229-1151	tmikallpoole@gmail.com	2014
<input checked="" type="checkbox"/> Email copy of notices		i. Jurisdiction
		Durham, NC

3. Treasurer Information

a. Full Name	a. Full Name
Thomas Mikall Poole	Thomas Mikall Poole
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
809 E. Ellerbee Street, Durham, NC 27704	809 E. Ellerbee Street, Durham, NC 27704
c. Phone Number	d. Email Address
919-229-1151	tmikallpoole@gmail.com

4. Custodian of Books Information

a. Full Name	a. Full Name
Thomas Mikall Poole	Thomas Mikall Poole
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
809 E. Ellerbee Street, Durham, NC 27704	809 E. Ellerbee Street, Durham, NC 27704
c. Phone Number	d. Email Address
919-229-1151	tmikallpoole@gmail.com

I prefer to receive notices by email

☒ Yes☐ No☐ 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)	b. Purpose
	IN PERSON
	FEB 21 2014
	DURHAM BOE
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of notices	

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Purpose	
c. Account Code	d. Type

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.

Thomas Mikall Poole

Printed Name of Signer



Signature of Appointed Treasurer

2/20/2014

Date



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

Kim Westbrook Strach
Executive Director

IN-PERSON
FEB 21 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: Thomas M. Poole
Treasurer Name: Thomas M. Poole
Treasurer Address: 809 E. Ellerbee Street
(include city, state, & zip) Durham, NC 27704

Treasurer Phone: 919-229-1151

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).

February 20, 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
506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

IN-PERSON
FEB 21 2014
DURHAM BOE

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

Candidate Name: Thomas Poole

Committee Name: Thomas Poole

Treasurer Name: Thomas Poole

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

Committee ID #: _____

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

I, Thomas Poole, 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>Women's House of Hope</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: Thomas Poole

Date: 02-21-2014

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