

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 Deborah Bryson			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
PO Box 51731 Durham NC 27717		2/17/14	
		e. Phone Number	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	
Deborah Bryson			
b. Mailing Address (include City, State, and Zip Code)		f. Party Affiliation	
2 Coolidge Place			
		(Indicate Non-partisan if applicable)	
g. Office Sought			
Durham Board of Education			
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
919 6125166	Brysonmon@aol.com		3B
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Annie Williams		Annie Williams	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1020 S. Miami Blvd Suite 109 Durham NC 27703		1020 S. Miami Blvd Durham NC 27703	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919 957-3883	awilliams@williamstax.net	919 957-3883	awilliams@williamstax.net
I prefer to receive notices by email <input 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	
		IN-PERSON	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		FEB 26 2014 DURHAM BOE	
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.			
Annie Williams		2/26/14	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	



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

IN-PERSON
FEB 26 2014
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:

Deborah Bryson

Treasurer Name:

Annie Williams

Treasurer Address:

1020 S Miami Blvd Suite 109

(include city, state, & zip)

Durham NC 27703

Treasurer Phone:

919 957-3883

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).

2/26/2014
Date Signed

Signature of Candidate

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



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

Candidate Name: Deborah Bryson

Committee Name: Committee to Elect Deborah Bryson

Treasurer Name: Annie Williams

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

Committee ID #: _____

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

I, Deborah Bryson, 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>St Joseph's</u>	_____
2. <u>Boys and Girls Club</u>	<u>100%</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: [Signature]

Date: 2/26/2014

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