

Statement of Organization - Candidate Committee

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).

Amendment

☐ Yes

☐ No

1. Committee Information

a. Full Name	c. ID Number
COMMITTEE TO ELECT DEWARREN K. LANGLEY	CL03222
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
P.O. Box 1821 DURHAM NC 27702	03-05-14
	e. Phone Number
	919-797-9055

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
DEWARREN KIAJUAN LANGLEY		NON-PARTISAN (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
1030 MORELAND AVENUE DURHAM NC 27707	MAR 06 2014	
c. Phone Number	d. Email Address	h. Next Election Year
919-423-8089	dewarrenklangley@gmail.com	
<input type="checkbox"/> Email copy of notices		i. Jurisdiction
		DURHAM BO

3. Treasurer Information

a. Full Name
DEWARREN KIAJUAN LANGLEY
b. Mailing Address (include City, State, and Zip Code)
1030 MORELAND AVENUE DURHAM NC 27707
c. Phone Number
919-423-8089
d. Email Address
dewarrenklangley@gmail.com

4. Custodian of Books Information

a. Full Name
DEWARREN KIAJUAN LANGLEY
b. Mailing Address (include City, State, and Zip Code)
1030 MORELAND AVENUE DURHAM, NC 27707
c. Phone Number
919-423-8089
d. Email Address
dewarrenklangley@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
b. Mailing Address (include City, State, and Zip Code)	
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.

DEWARREN K. LANGLEY

Printed Name of Signer



Signature of Appointed Treasurer

03-05-14

Date



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

Kim Westbrook Strach
Executive Director

IN-PERSON

MAR 06 2014

DURHAM BOL

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: DEWARREN K. LANGLEY
Treasurer Name: DEWARREN K. LANGLEY
Treasurer Address: 1030 MORELAND AVENUE
(include city, state, & zip) DURHAM NC 27707

Treasurer Phone: (919) 423-8089

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).

03-05-14

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
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441 N Harrington Street
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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 eight allowable methods outlined in 163-278.16B(a).

Candidate Name: DEWARREN K. LANGLEY
Committee Name: COMMITTEE TO ELECT DEWARREN K. LANGLEY
Treasurer Name: DEWARREN K. LANGLEY
If Candidate is own treasurer, designate an agent to carry out designations: _____
Committee ID #: _____
Level Registered: [State] [County] If county, specify: _____

I, DEWARREN K. LANGLEY 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).

<u>Name of Entity</u> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>KIDS VOTING DURHAM</u>	<u>34%</u>
2. <u>PROJECT BUILD</u>	<u>33%</u>
3. <u>CAWARY MINISTRIES</u> <u>OF WESTEND, INC</u>	<u>33%</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: _____

Date: _____

DK Langley
03.05.14

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