

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 Committee to Elect Terrence R. Scarborough		c. ID Number
b. Mailing Address (include City, State and Zip Code) 3201 YORKTOWN AVE #119 DURHAM, N.C. 27713		d. Date Organized MAR 06 2014
		e. Phone Number (919) 489 0707

2. Candidate Information

a. Full Name TERRENCE RAY SCARBOROUGH		e. Candidate ID Number	f. Party Affiliation Non Partisan (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code) 6310 CORONADO LANE DURHAM, NC 27713		g. Office Sought SCHOOL BOARD - DISTRICT 2	
c. Phone Number 919 489 0707	d. Email Address TR_Scarborough@yahoo	h. Next Election Year 2015	i. Jurisdiction DURHAM COUNTY

3. Treasurer Information

a. Full Name RONALD L. NEWTON
b. Mailing Address (include City, State, and Zip Code) 3201 YORKTOWN AVE #119 DURHAM, NC 27713
c. Phone Number 919 425 1277
d. Email Address SOTAServices@yahoo

4. Custodian of Books Information

a. Full Name RONALD L. NEWTON
b. Mailing Address (include City, State, and Zip Code) 3201 YORKTOWN AVENUE #119 DURHAM, NC 27713
c. Phone Number 919 425 1277
d. Email Address SOTAServices@yahoo

I prefer to receive notices by email ☒ Yes ☐ No

5. Assistant Treasurer Information

a. Full Name N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name YADKIN VALLEY BANK	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Purpose Campaign Committee Fund	
c. Account Code	d. Type

☐ 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.

RONALD L. NEWTON
Printed Name of Signer

Ronald L. Newton
Signature of Appointed Treasurer

3/6/2014
Date



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

IN-PERSON
MAR 06 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:

TERRENCE R. SCARBOROUGH

Treasurer Name:

RONALD L. NEWTON

Treasurer Address:

(include city, state, & zip)

3201 YORKTOWN AVENUE #119
DURHAM, NC 27713

Treasurer Phone:

(919) 425 1277

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).

03/06/2014
Date Signed

Terrence R. Scarborough
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

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

IN-PERSON

MAR 07 2014

DURHAM BOE

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: TERRENCE R. SCARBOROUGH
Committee Name: COMMITTEE TO ELECT TERRENCE R. SCARBOROUGH
Treasurer Name: RONALD L. NEWTON

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

Committee ID #: _____

Level Registered: [State] [County] If county, specify: DURHAM COUNTY

I, Terrence R. Scarborough 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>KAPPA FRATERNAL ORGANIZATION</u>	<u>Disburse 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: Terrence R. Scarborough
Date: 03/07/2014

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