

Statement of Organization - Candidate Committee

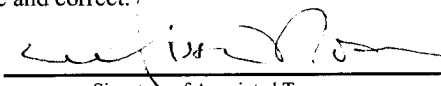
Amendment

☐ 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 Sendolo for Schools			c. ID Number 66L26C		
b. Mailing Address (include City, State and Zip Code) 512 Dunbar Durham, NC 27701			d. Date Organized MAR 07 2014		
			e. Phone Number (919) 464-4855		
			DURHAM BOE		
IN-PERSON					
Candidate's Primary Committee					
a. Full Name Sendolo Diaminah			e. Candidate ID Number 66L26C		f. Party Affiliation Non-Partisan
b. Mailing Address (include City, State, and Zip Code) 512 Dunbar, Durham, NC 27701			g. Office Sought Sch Board of Education District 2		
c. Phone Number (919) 464-4855	d. Email Address Ajagunna@gmail.com		h. Next Election Year		i. Jurisdiction
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name MELISSA NORTON			a. Full Name		
b. Mailing Address (include City, State, and Zip Code) 1102 WALL ST DURHAM, NC 27701			b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number (919) 485-9329	d. Email Address melissanorton37@gmail.com		c. Phone Number		d. Email Address
I prefer to receive notices by email <input checked="" 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		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
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.					
MELISSA NORTON Printed Name of Signer			 Signature of Appointed Treasurer		3/6/14 Date



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

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

IN-PERSON

MAR 07 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:

Sendolo Diaminah

Treasurer Name:

MELISSA NORTON

Treasurer Address:

1102 WALL ST.

(include city, state, & zip)

DURHAM, NC 27701

Treasurer Phone:

(919) 485-9329

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).

3/6/14
Date Signed

Signature of Candidate

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



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MAR 26 2014

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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: Sendels Diaminuh

Committee Name: Sendels for Schools

Treasurer Name: MELISSA NORTON

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

Committee ID #: _____

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

I, Sendels Diaminuh, 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>Institute for Southern Studies</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: _____

Date: 3/25/14

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