


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 Vote Jimmy Doster		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 2608 Erwin RD STE 148-251, Durham, NC 27705		d. Date Organized 2/27/14	
		e. Phone Number (919) 809-9890	
2. Candidate Information <input checked="" type="checkbox"/> Candidate's Primary Committee			
a. Full Name Daniel James Doster		e. Candidate ID Number	
b. Mailing Address (include City, State, and Zip Code) 2608 Erwin RD STE 148-251, Durham, NC 27705		f. Party Affiliation Non-partisan (Indicate Non-partisan if applicable)	
g. Office Sought Durham County Board of Education District 2			
c. Phone Number (919) 809-9890	d. Email Address VoteJimmyD@gmail.com	h. Next Election Year 2014	i. Jurisdiction
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Daniel James Doster		a. Full Name Daniel James Doster	
b. Mailing Address (include City, State, and Zip Code) 2608 Erwin RD STE 148-251, Durham, NC 27705		b. Mailing Address (include City, State, and Zip Code) 2608 Erwin RD STE 148-251, Durham, NC 27705	
c. Phone Number (919) 809-9890	d. Email Address VoteJimmyD@gmail.com	c. Phone Number (919) 809-9890	d. Email Address VoteJimmyD@gmail.com
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		6. Account Information (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name Wells Fargo Bank, N.A.	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Contributions	
c. Phone Number	d. Email Address	c. Account Code 1	d. Type Business - Checking
<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.			
Daniel James Doster Printed Name of Signer		 Signature of Appointed Treasurer	
		3/5/14 Date	

CRO-2100A

NC State Board of Elections

May 2011

IN-PERSON

MAR 05 2014

DURHAM BOE



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

IN-PERSON

MAR 05 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: Daniel James Doster
Treasurer Name: Daniel James Doster
Treasurer Address: 2608 Erwin RD STE 148-251
(include city, state, & zip) Durham, NC 27705

Treasurer Phone: (919) 809-9890

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).

3/5/14
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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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: Daniel James Doster

Committee Name: Vote Jimmy Doster

Treasurer Name: Daniel James Doster

If Candidate is own treasurer, designate an agent to carry out designations: Daniel Gibbs Doster

Committee ID #:

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

I, Daniel James Doster
(Name of Candidate)

hereby direct that in the event of my

death or incapacity all 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>Somewhere Forever</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: _____

Daniel James Doster
3/5/14

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