

# 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).

<b>1. Committee Information</b>			
a. Full Name <b>BIRKHEAD for DURHAM</b>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <b>4 Bobby Parker Pl Durham, NC 27703</b>		d. Date Organized <b>MAR 10 2014</b>	
		e. Phone Number <b>919-423-4947</b>	
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name <b>Clarence Franklin Birkhead</b>		e. Candidate ID Number	
b. Mailing Address (include City, State, and Zip Code) <b>4 Bobby Parker Pl Durham, NC 27703</b>		f. Party Affiliation <b>Dem</b> (Indicate Non-partisan if applicable)	
c. Phone Number <b>919 423 6179</b>	d. Email Address <b>1sharevision@gmail.com</b>	g. Office Sought <b>Sheriff</b>	h. Next Election Year <b>2014</b>
<input type="checkbox"/> Email copy of notices		i. Jurisdiction	
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name <b>LOYD PATILLO</b>		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) <b>4708 CUMBERLAND DR DURHAM, NC 27705</b>		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number <b>(919) 423 4047</b>	d. Email Address <b>lpatillo@gmail.com</b>	c. Phone Number	d. Email Address
<input type="checkbox"/> I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name <b>Wells Fargo</b>		a. Financial Institution Full Name <b>Wells Fargo</b>	
b. Mailing Address (include City, State, and Zip Code) <b>Savings</b>		b. Purpose <b>OPERATION</b>	
c. Phone Number <b>1399</b>	d. Email Address <b>Savings</b>	c. Account Code <b>7473</b>	d. Type <b>CHECKING</b>
<input type="checkbox"/> Email copy of notices			
<b>CERTIFICATION</b>			
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.			
Printed Name of Signer <b>Clarence Franklin Birkhead</b>		Signature of Appointed Treasurer <b>Clarence Franklin Birkhead</b>	
		Date <b>3/10/14</b>	



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

IN-PERSON

MAR 10 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: Clarence Birkhead  
Treasurer Name: Lloyd Patillo  
Treasurer Address: 4708 Cumberland Dr  
(include city, state, & zip) Durham, NC 27705  
  
  
Treasurer Phone: 919-423-4947

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).

3/10/14  
Date Signed

Clarence Birkhead  
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: Clarence Birkhead

Committee Name: Birkhead for Durham

Treasurer Name: Lloyd Patillo

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

Committee ID #:

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

I, Clarence Birkhead  
(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).

<u>Name of Entity</u> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>John Avey Boys &amp; Girls Club</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: \_\_\_\_\_

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