

Statement of Organization - Candidate Committee

RECEIVED

Amendment
 Yes No

Use this form to create a new or update an existing candidate committee
 JUL 11 2011

This form must be accompanied by forms CRO-3100 and CRO-3500.

1. Committee Information		WAKE CO. BOARD OF ELECTIONS	
a. Full Name		c. ID Number	
HAROLD BROADWELL CAMPAIGN FUND		SJSI 55	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
PO Box 1389 Wendell NC 27591		7/1/11	
		e. Phone Number	
		919 365 3056	
2. Candidate Information		<input checked="" type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
JAMES HAROLD BROADWELL II		SJSI 55	Democrat
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
PO Box 1389 Wendell NC 27591		Wendell Mayor	1/ Large
		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
DAVID M WILLIAMS III		DAVID M. WILLIAMS	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
PO Box 743 Wendell NC 27591		PO Box 743 Wendell NC 27591	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919 365-5592	davidmwilliams@nc.rr.com	919 365-5592	davidmwilliams@nc.rr.com
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		Wachovia	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		CAMPAIGN FUNDS	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		C	checking
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.			
DAVID M. WILLIAMS III			
Printed Name of Signer		Signature of Appointed Treasurer	
		7-11-11	
		Date	



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

RECEIVED
JUL 11 2011
 WAKE CO. BOARD OF ELECTIONS

Kimberly Westbrook-Strach
 Deputy Director – Campaign Reporting

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: James Harold Broadwell II
 Treasurer Name: David M. Williams
 Treasurer Address: PO Box 743
 (include city, state, & zip) Wendell NC 27591

 Treasurer Phone: 919 365 5592

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).

7/11/11
 Date Signed

James Harold Broadwell II
 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

RECEIVED
 JUL 11 2011
 WAKE CO. BOARD OF ELECTIONS

Kimberly Westbrook-Strach
 Deputy Director – Campaign Reporting

Mailing Address
 PO Box 27255
 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 nine allowable methods outlined in 163-278.16B(a).

Candidate Name: JAMES HAROLD BROADWELL II
 Committee Name: HAROLD BROADWELL CAMPAIGN FUNDS
 Treasurer Name: David M. Williams
 If Candidate is own treasurer, designate an agent to carry out designations: _____
 Committee ID #: SJSI 55
 Level Registered: [State] [County] If county, specify: WAKE

I, HAROLD BROADWELL, 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 <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>Wendeel Historical Society</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: James Harold Broadwell II
 Date: 7-11-11

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