

Statement of Organization - Candidate Committee

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.

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JUL 25 2011

1. Committee Information		WAKE CO BOARD OF ELECTIONS	
a. Full Name <i>Committee to Elect Otis G Byrd</i>		ID Number <i>02B 127</i>	
b. Mailing Address (include City, State and Zip Code) <i>P.O. Box 392 Holly Springs, NC. 27540</i>		d. Date Organized <i>7-7-11</i>	
		e. Phone Number <i>919-552-8167</i>	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name <i>Otis GARY BYRD</i>		c. Candidate ID Number	
b. Mailing Address (include City, State, and Zip Code) <i>P.O. Box 392 Holly Springs NC 27540</i>		d. Party Affiliation <i>Democrat</i>	
		e. Office Sought <i>Town Council</i>	
		f. Jurisdiction	
		<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name <i>Otis G Byrd</i>		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) <i>P.O. Box 392 Holly Springs, NC 27540</i>		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number <i>919-552-8167</i>		c. Phone Number	
d. Email Address <i>obyrd1@embarqmail.com</i>		d. Email Address	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove		a. Financial Institution Full Name <i>CAPITAL BANK</i>	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose <i>Campaign Funds</i>	
c. Phone Number		c. Account Code <i>0GB</i>	
d. Email Address		d. Type <i>checking</i>	
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.			
<i>Otis G. Byrd</i> Printed Name of Signer		<i>Otis G Byrd</i> Signature of Appointed Treasurer	
		<i>7-20-11</i> Date	



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

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JUL 25 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: OTIS G. BYRD
 Treasurer Name: OTIS G. BYRD
 Treasurer Address: P.O. Box 392
 (include city, state, & zip) Holly Springs, NC, 27540

 Treasurer Phone: 919-552-8167

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).

7-20-11

Date Signed

OTIS G. BYRD
 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 nine allowable methods outlined in 163-278.16B(a).

Candidate Name: Otis G Byrd
 Committee Name: Committee to Elect Otis G. Byrd
 Treasurer Name: Otis G Byrd
 If Candidate is own treasurer, designate an agent to carry out designations: CAPITAL BANK
 Committee ID #: BANK Acct # 3314 0000 8806 (OGB 727) ID#
 Level Registered: [State] [County] If county, specify: WAKE Co

I, Otis G Byrd, 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>General Baptist State Convention</u>	<u>20%</u>
2. <u>Livingstone College</u>	<u>80%</u>
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: Otis G Byrd
 Date: 7-20-11