

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.

1. Committee Information					
a. Full Name			c. ID Number		
Marshall Harvey, Committee to Elect			-		
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
2613 Wycliff Rd Raleigh, NC 27607			<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 25 2010 </div> 1999, MAY 6/2010 MH 6/2010		
			e. Phone Number		
			919-749-7627		
2. Candidate Information					
WAKE COUNTY <input checked="" type="checkbox"/> Candidate's Primary Committee					
a. Full Name		c. Candidate ID Number		d. Party Affiliation	
Marshall Harvey				Dem	
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought		f. Jurisdiction	
2613 Wycliff Rd Raleigh, NC 27607		Soil and water conservation		Wake	
(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		
Marshall Harvey					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
2413 Wycliff Rd Raleigh, NC 27607					
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address	
919-749-7627	marshall.harvey@yahoo.com				
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name		
N/A					
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
c. Phone Number	d. Email Address		c. Account Code	d. Type	
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.					
Marshall Harvey Printed Name of Signer		Marshall Harvey Marshall Harvey Signature of Appointed Treasurer		6/21/2010 Date	



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

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Deputy Director – Campaign Reporting

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(919) 733-7173
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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: Marshall Harvey

Committee Name: Committee to Elect Marshall Harvey

Treasurer Name: Marshall Harvey

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

Committee ID #: _____

Level Registered: [State] [X County] If county, specify: Wake County

I, Marshall Harvey, 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>Wake Co. Dem. party</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: Marshall Harvey

Date: 6/23/2010

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