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Statement of Organization - Candidate Committee JUL 11 2011

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. WAKE CO. BOARD OF ELECTIONS

1. Committee Information

a. Full Name <i>Sam Laughery for Wendell Town Board</i> Samuel Edward Laughery	c. ID Number N/A
b. Mailing Address (include City, State and Zip Code) 1025 Trumpet Vine Court Wendell, NC 27591	d. Date Organized 7/6/11 7/6/11
	e. Phone Number 919-366-6251

2. Candidate Information Candidate's Primary Committee

a. Full Name Sam Laughery	c. Candidate ID Number 4JSIY2	d. Party Affiliation Non Partisan Republican
b. Mailing Address (include City, State, and Zip Code) 1025 Trumpet Vine Ct Wendell NC	e. Office Sought Wendell Board of Commissioners	f. Jurisdiction Wendell NC
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)		

3. Treasurer Information

a. Full Name Self	b. Mailing Address (include City, State, and Zip Code)
c. Phone Number	d. Email Address Laughery_Sam@yahoo.com

4. Custodian of Books Information

a. Full Name Self	b. Mailing Address (include City, State, and Zip Code)
c. Phone Number	d. Email Address

5. Assistant Treasurer Information Add Remove

a. Full Name N/A	b. Mailing Address (include City, State, and Zip Code)
c. Phone Number	d. Email Address

6. Account Information (incl. CRO-3500) Add Remove

a. Financial Institution Full Name KS Bank, Wendell, NC	b. Purpose Campaign Expenses
c. Account Code SL	d. Type 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.

Sam Laughery Printed Name of Signer Sam Laughery Signature of Appointed Treasurer 7/8/2011 Date



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

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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: Sam Laughery
 Treasurer Name: Sam Laughery
 Treasurer Address: 1075 Trumpet Vine Court
 (include city, state, & zip) Wendell, NC 27591

 Treasurer Phone: 919-366-6251

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).

7/8/2011
 Date Signed

Sam Laughery
 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: Sam Laughery
 Committee Name: Sam Laughery for Wendell Town Board
 Treasurer Name: Self

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

Committee ID #: N/A

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

I, Sam Laughery 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>Alzheimers Assoc NC</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: Sam Laughery

Date: 7/8/2011

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