

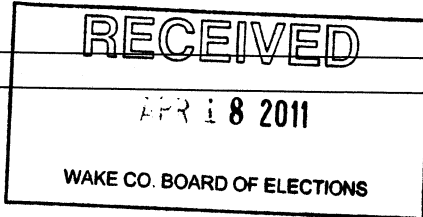
Statement of Organization - Candidate Committee

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 Friends of Heather Losurdo	c. ID Number
b. Mailing Address (include City, State and Zip Code) 3315 Cotton Press Street Raleigh, NC 27614	d. Date Organized 4/15/11
	e. Phone Number 919-996-9965

2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name Heather Rey Losurdo	c. Candidate ID Number	d. Party Affiliation Nonpartisan	
b. Mailing Address (include City, State, and Zip Code) same as committee	e. Office Sought School Board Wake County	f. Jurisdiction District 3	
	<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>		

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Elizabeth "Betsy" McCorkle	a. Full Name Elizabeth "Betsy" McCorkle		
b. Mailing Address (include City, State, and Zip Code) 1027 Umstead Hollow Place Cary, NC 27513	b. Mailing Address (include City, State, and Zip Code) 1027 Umstead Hollow Place Cary, NC 27513		
c. Phone Number 770-713-0245	d. Email Address betsyGmccorkle@gmail.com	c. Phone Number 770-713-0245	d. Email Address betsyGmccorkle@gmail.com

5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name Wachovia Bank	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Campaign Receipts and Expenditures	
c. Phone Number	d. Email Address	c. Account Code 1	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.

_____ Elizabeth McCorkle _____
 Printed Name of Signer Signature of Appointed Treasurer Date
 4/15/11



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

RECEIVED

APR 18 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: Heather Losurdo
 Treasurer Name: Elizabeth "Betsy" McCorkle
 Treasurer Address: 1027 Umstead Hollow Place
 (include city, state, & zip) Cary, NC 27513

 Treasurer Phone: 770-713-0245

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).

4/15/11
 Date Signed

Heather Losurdo
 Signature of Candidate

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



North Carolina
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Raleigh, NC 27603

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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: Heather Losurdo
Committee Name: Friends of Heather Losurdo
Treasurer Name: Elizabeth "Betsy" McCorkle
If Candidate is own treasurer, designate an agent to carry out designations: n/a
Committee ID #: n/a
Level Registered: [State] [County] If county, specify: County

I, Heather Losurdo, 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>Re-pay debts</u>	<u>100%</u>
2. <u>Reimburse donors</u>	<u>any remaining after debts are paid.</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: Heather Losurdo
Date: 4-18-11

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