

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

Amendment

Yes No

1. Committee Information		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>RECEIVED</p> <p>JUL 05 2011</p> <p>WAKE CO. BOARD OF ELECTIONS</p> </div>
a. Full Name	c. ID Number	
Annie Moore		
b. Mailing Address (include City, State and Zip Code)		d. Date Organized
204 S. Arendell Ave		
Zebulon, NC 27597		e. Phone Number

2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
Annie Moore			
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
204 S. Arendell Ave		Zebulon Board of Com.	Zebulon
Zebulon NC 27597		(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	
Annie Moore			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
same			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address

5. Assistant Treasurer Information		<input type="checkbox"/> Add		6. Account Information (incl. CRO-3500)		<input type="checkbox"/> Add	
a. Full Name		<input type="checkbox"/> Remove		a. Financial Institution Full Name		<input type="checkbox"/> Remove	
				Four Oaks - 505 N. Arendell		Zebulon, NC 27597	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose		c. Account Code		d. Type	
		campaign account		1		check	
c. Phone Number	d. Email Address						

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.

Annie Moore Annie Moore 7-5-2011
 Printed Name of Signer Signature of Appointed Treasurer Date



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WAKE CO. BOARD OF ELECTIONS

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

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: Annie Moore

Treasurer Name: Annie Moore

Treasurer Address: 204 S Arendell Ave
(include city, state, & zip)

Treasurer Phone: 269-9772

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).

7-5-2011
Date Signed

Annie Moore
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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Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

FILED BY:

Committee Name: Annie Moore

Treasurer Name: Annie Moore

Treasurer Address: 5045. Arendell Ave.
 (include city, state, & zip) Zebulon NC 27597

Treasurer Phone: 369 9772

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

7-5-2011
 Date Signed

Annie Moore
 Signature

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 eight allowable methods outlined in 163-278.16B(a).

Candidate Name: Annie Moore

Committee Name: Annie Moore

Treasurer Name: Annie Moore

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

Committee ID #: _____

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

I, _____, 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).

	<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1.	<u>Co</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: Annie Moore

Date: 7-5-2011

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