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JUL 08

Amendment
2011
 Yes No

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 (when amending, only CRO-3500 applicable)

WAKE CO. BOARD OF ELECTIONS

1. Committee Information			
a. Full Name <i>Annie Moore</i>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>204 S. Arendell Ave Zebulon NC 27597</i>		d. Date Organized <i>6/29/11</i>	
		e. Phone Number <i>369-9172</i>	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name <i>Annie Moore</i>		e. Candidate ID Number <i>Zebulon Broad/NCM</i>	f. Party Affiliation <i>Non-partisan</i>
b. Mailing Address (include City, State, and Zip Code) <i>204 S. Arendell Ave Zebulon NC 27597</i>		g. Office Sought <i>Zeb</i>	
c. Phone Number <i>369-9172</i>	d. Email Address <i>bassm204@att.net</i>	h. Next Election Year	i. Jurisdiction
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name <i>Annie Moore</i>		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) <i>Same</i>		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number <i>369-9172</i>	d. Email Address <i>bassm204@att.net</i>	c. Phone Number	d. Email Address
<input checked="" type="checkbox"/> I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		6. Account Information (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name <i>Four Oaks</i>	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose <i>405 N. Arendell Zebulon NC 27597 campaign account</i>	
c. Phone Number	d. Email Address	c. Account Code <i>1</i>	d. Type <i>check</i>
<input type="checkbox"/> Email copy of notices			
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>Annie Moore</i> Printed Name of Signer		<i>Annie Moore</i> Signature of Appointed Treasurer	<i>7-9-2011</i> 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 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: 204 S. Arendell Ave
 (include city, state, & zip) Zebulon NC 27597

 Treasurer Phone: 919 269-9772

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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 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: 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, Annie Moore, 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>6</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.