


Statement of Organization - Candidate Committee

Amendment
 Yes No

Use this form to create a new or update an existing candidate committee.

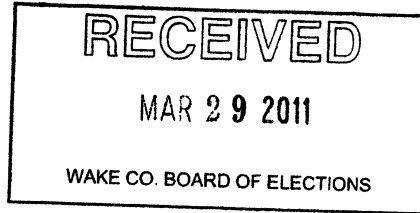
This form must be accompanied by forms CRO-3100 and CRO-3500.

1. Committee Information			
a. Full Name		c. ID Number	
Friends of Michelle Muir			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
109 Canyon Run Cary, NC 27513		3/18/2011	
		e. Phone Number	
		919-380-9218	
2. Candidate Information		<input checked="" type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
Michelle Muir		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
1423 Debra Drive Cary, NC 27511	Mayor	Town of Cary	
<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name	a. Full Name		
David G. Forvendel	David G. Forvendel		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
109 Canyon Run Cary, NC, 27513	109 Canyon Run Cary, NC, 27513		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-380-9218	d4vendel@nc.rr.com	919-380-9218	d4vendel@nc.rr.com
5. Assistant Treasurer Information		6. Account Information <i>(incl. CRO-3500)</i>	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		Wachovia	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		All campaign related expenses	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		M	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.			
David G. Forvendel			
Printed Name of Signer		Signature of Appointed Treasurer	
		3/18/2011	
		Date	



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: Michelle Muir

Treasurer Name: David G. Forvendel

Treasurer Address: 109 Canyon Run

(include city, state, & zip) Cary, NC 27513

Treasurer Phone: 919-380-9218

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).

3/18/2011
 Date Signed

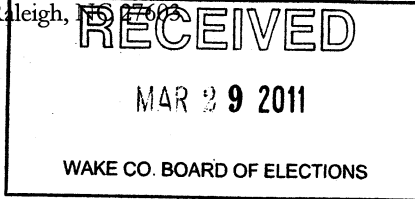
Signature of Candidate

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: Michelle Muir

Committee Name: Friends of Michelle Muir

Treasurer Name: David G. Forvendel

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

Committee ID #: N/A

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

I, _____, hereby direct that in the event of the death or incapacity of the
(Name of candidate or estate representative)
aforementioned candidate, all funds remaining in the 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>Original contributors</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 or Representative: [Signature] Date: 3/18/2011

If signed by an estate representative, indicate the date of candidate's death: _____

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