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Attachment
 Yes No

JUL 25 2011

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.

WAKE CO. BOARD OF ELECTIONS

1. Committee Information		c. ID Number
a. Full Name Reba Pendleton for Town Council		
b. Mailing Address (include City, State and Zip Code) 114 MAIN Street Knightdale, NC 27545		d. Date Organized 07-13-11
		e. Phone Number 919-266-4194

2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name Reba C. Pendleton	c. Candidate ID Number	d. Party Affiliation non-partisan	
b. Mailing Address (include City, State, and Zip Code) 114 Main Street Knightdale, NC 27545	e. Office Sought Knightdale TOWN Council	f. Jurisdiction AT-LRG	
<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>			

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Reba Pendleton		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 114 Main Street Knightdale, NC 27545		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 919-266-4194	d. Email Address gpendleton1@nc.rr.com	c. Phone Number	d. Email Address

5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name FIRST CITIZENS BANK	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose CAMPAIGN FUNDS	
c. Phone Number	d. Email Address	c. Account Code RAG	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.

Reba C. Pendleton Reba C. Pendleton 07-22-11
 Printed Name of Signer Signature of Appointed Treasurer Date



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

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 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: Reba Pendleton
 Treasurer Name: Reba Pendleton
 Treasurer Address: 114 Main St.
 (include city, state, & zip) Knightsdale, NC 27545

 Treasurer Phone: 919-266-4194

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).

07-22-11
 Date Signed

Reba Pendleton
 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: Reba Pendleton

Committee Name: Reba Pendleton for Town Council

Treasurer Name: Reba Pendleton

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

Committee ID #: _____

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

I, Reba Pendleton, 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>Town of Knightdale Caboose Preservation</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: Reba Pendleton

Date: 07-22-11

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