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SEP 08 2011

WAKE CO. BOARD OF ELECTIONS

Amendment
 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.

1. Committee Information			
a. Full Name		c. ID Number	
Committee to Elect Verita Peyton			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
PO Box 14316 Raleigh NC 27620		11/1/2010	
		e. Phone Number	
		919-834-3272	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
Verita Peyton		Republican	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
609 Chatham Lane Raleigh NC 27610	Wake School Board		
(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		
Verita Peyton			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
PO Box 14316 Raleigh NC 27620			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-834-3272	u Peyton@gmail.com		
5. Assistant Treasurer Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
	SunTrust Bank		
b. Mailing Address (include City, State, and Zip Code)	b. Purpose		
c. Phone Number	d. Email Address	c. Account Code	d. Type
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.			
Verita Peyton Printed Name of Signer		[Signature] Signature of Appointed Treasurer	9-6-2011 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: Venita Peyton

Treasurer Name: Venita Peyton

Treasurer Address: 609 Chapman Lane
 (include city, state, & zip) Raleigh NC 27610

Treasurer Phone: 919-834-3272

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).

9-8-2011
 Date Signed

[Signature]
 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: Verita Peyton
 Committee Name: Committee to Elect Verita Peyton
 Treasurer Name: _____
 If Candidate is own treasurer, designate an agent to carry out designations: _____
 Committee ID #: _____
 Level Registered: [State] [County] If county, specify: _____

I, Verita Peyton, 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>Childrens Hospital</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: [Signature]
 Date: 9-8-2011

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