

RECEIVED

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.

JUL 13 2011

1. Committee Information		2. Candidate Information	
a. Full Name COMMITTEE TO ELECT TOMMY WELIFORD		<input type="checkbox"/> Candidate's Primary Committee	
b. Mailing Address (include City, State and Zip Code) 612 EAST ACADEMY ST. FUQUAY-VARINA, NC 27526		c. ID Number	d. Date Organized 6-11-11
		e. Phone Number 919-760-3347	
a. Full Name TOMMY WELIFORD		c. Candidate ID Number	d. Party Affiliation NON PARTISAN
b. Mailing Address (include City, State, and Zip Code) 612 EAST ACADEMY ST. FUQUAY-VARINA, NC 27526		e. Office Sought	f. Jurisdiction
		<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name TOMMY WELIFORD		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 612 EAST ACADEMY ST. FUQUAY-VARINA, NC 27526		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 919-760-3347	d. Email Address Tommy@willifordfund.com	c. Phone Number	d. Email Address
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove		a. Financial Institution Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose WHEN A BANK ACCOUNT IS OPENED, WE WILL ADVISE	
c. Phone Number	d. Email Address	c. Account Code	d. Type WITHIN 10 DAYS
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.			
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: TOMMY WELLSFORD
 Treasurer Name: TOMMY WELLSFORD
 Treasurer Address: 612 EAST ACADEMY ST.
 (include city, state, & zip) FUQUAY-VARINA, NC 27526

 Treasurer Phone: 919-760-3347

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).

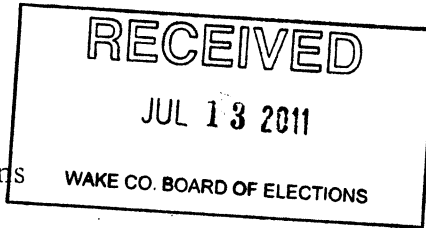
7-11-11
 Date Signed

[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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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: COMMITTEE TO ELECT TOMMY WELLSFORD
 Treasurer Name: TOMMY WELLSFORD
 Treasurer Address: 612 EAST ACADEMY ST.
 (include city, state, & zip) FURRAY-VARINA, NC 27526

 Treasurer Phone: 919-760-3347

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.

7-11-11
 Date Signed

[Signature]
 Signature

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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: COMMITTEE TO ELECT TOMMY WELLSFORD ↗
 Committee Name: TOMMY WELLSFORD
 Treasurer Name: TOMMY WELLSFORD
 If Candidate is own treasurer, designate an agent to carry out designations: LAUREN HARWOOD
 Committee ID #: _____
 Level Registered: [State] [County] If county, specify: _____

I, TOMMY WELLSFORD, 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>PLANNED PARENTHOOD</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: 7-11-11

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