

COPY

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 (when amending, only re-submit if applicable).

1. Committee Information			
a. Full Name Cameron for Council		c. ID Number ICQS35	
b. Mailing Address (include City, State and Zip Code) 7927 Abelia way Clemmons, NC 27012		d. Date Organized July 9, 2013	
		e. Phone Number 336 766-6882	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name Mary L. Cameron		e. Candidate ID Number ICQS35	
b. Mailing Address (include City, State, and Zip Code) 7927 Abelia way Clemmons, NC 27012		f. Party Affiliation non-partisan <small>(Indicate Non-partisan if applicable)</small>	
c. Phone Number 336 766-6882		g. Office Sought Council in Clemmons	
d. Email Address dcameron1@triad.rr.com		h. Next Election Year	
		i. Jurisdiction Clemmons	
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Mary L. Cameron		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 7927 Abelia way Clemmons, NC 27012		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 336 766-6882		c. Phone Number	
d. Email Address dcameron1@triad.rr.com		d. Email Address	
<input type="checkbox"/> I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name Wells Fargo	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose political campaign	
c. Phone Number		c. Account Code 6871	
d. Email Address		d. Type checking	
<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.			
Mary L. Cameron		Mary L. Cameron	
Printed Name of Signer		Signature of Appointed Treasurer	
		July 9, 2013	
		Date	



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

Kim Westbrook Strach
Executive Director

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: Mary L. Cameron
Treasurer Name: Mary L. Cameron
Treasurer Address: 7927 Abelia Way
(include city, state, & zip) Clemmons, NC 27012

Treasurer Phone: 336 766-6882

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).

July 9 2013
Date Signed

Mary L. Cameron
Signature of Candidate

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



FORSYTH COUNTY
AND NEIGHBORING COUNTIES

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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: Mary L. Cameron

Committee Name: Cameron for Council

Treasurer Name: Mary L. Cameron

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

Committee ID #: ICQS 35

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

I, Mary L. Cameron 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 (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Return to contributors</u>	<u>equal %</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: Mary L. Cameron

Date: _____

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