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).

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1. Committee Information

a. Full Name	c. ID Number
Nathan Tabor for Alderman	8CQ5L4
b. Mailing Address (include City, State and Zip Code)	**d. Date Organized**
5556 Long Walk Dr Kernersville NC 27284	7/19/13
	e. Phone Number
	336 416 7117

2. Candidate Information ☐ Candidate's Primary Committee

a. Full Name	c. Candidate ID Number	f. Party Affiliation
Nathan Tabor	8CQ5L4	(Indicate Non-partican if applicable)
b. Mailing Address (include City, State, and Zip Code)	**g. Office Sought**	
5556 Long Walk Dr Kernersville NC 27284	Kernersville Alderman	
c. Phone Number / **d. Email Address**	**h. Next Election Year**	**i. Jurisdiction**
336 416 7117 / NathanQNathanTabor.com		

☐ Email copy of notices

3. Treasurer Information

a. Full Name	
Nathan Tabor	
b. Mailing Address (include City, State, and Zip Code)	
5556 Long Walk Dr Kernersville NC 27284	
c. Phone Number / **d. Email Address**	
336 416 7117 / NathanQNathanTabor.com	

I prefer to receive notices by email ☐ Yes ☐ No

4. Custodian of Books Information

a. Full Name	
Nathan Tabor	
b. Mailing Address (include City, State, and Zip Code)	
5556 Long Walk Dr Kernersville NC 27284	
c. Phone Number	**d. Email Address**
336 416 7117	NathanQNathanTabor.com

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5. Assistant Treasurer Information ☐ Add ☐ Remove

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	**d. Email Address**

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6. Account Information (incl. CRO-3500) ☐ Add ☐ Remove

a. Financial Institution Full Name	
BB&T	
b. Purpose	
Campaign contributions	
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.

Printed Name of Signer	Signature of Appointed Treasurer	Date
Nathan Tabor	Nathan Tabor	7/28/13

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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: Nathan Tabor

Treasurer Name: Nathan Tabor

Treasurer Address: 5556 Long Walk Dr

(include city, state, & zip) Kernersville NC 27284

Treasurer Phone: 336 416 7117

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).

7/28/13
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 eight allowable methods outlined in 163-278.16B(a).

Candidate Name: Nathan Tabor

Committee Name: Nathan Tabor for Alderman

Treasurer Name: Nathan Tabor

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

Committee ID #: 8CQ5L4

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

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I, Nathan Tabor (Name of Candidate), hereby direct that in the event of my death or incapacity all 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.	Contributors	100% (equal parts)
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: 7/28/13

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