

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

COPY

Amendment

☒ Yes

☐ No

1. Committee Information

a. Full Name

NEW Bowen Committee

b. Mailing Address (include City, State and Zip Code)

3720 Sawyer Drive
Winston-Salem, NC 27105

c. ID Number

RECEIVED

d. Date Organized

7.17.13

e. Phone Number

(336) 505-8811

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name

Jemmise Chepel Bowen

c. Candidate ID Number

MCQ44F

f. Party Affiliation

Democrat

(Indicate Non-partisan if applicable)

b. Mailing Address (include City, State, and Zip Code)

3720 Sawyer Dr. Winston-Salem, NC
27105

g. Office Sought

City Council (Northeast Ward)

c. Phone Number

(336) 926-9569

d. Email Address

jemmisebowen@gmail.com

h. Next Election Year

i. Jurisdiction

☐ Email copy of notices

3. Treasurer Information

a. Full Name

Lindsay Upson

b. Mailing Address (include City, State, and Zip Code)

3480 Triangle Drive, Apt. 112
Winston-Salem, NC 27106

c. Phone Number

(336) 462-8002

d. Email Address

lupson@gmail.com

4. Custodian of Books Information

a. Full Name

I prefer to receive notices by email ☒ Yes ☐ No

☐ Email copy of notices

5. Assistant Treasurer Information

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

6. Account Information

a. Financial Institution Full Name

Wells Fargo

b. Purpose

Campaign Finance

c. Account Code

420133

d. Type

Checking

☐ Email copy of notices

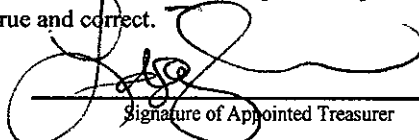
CERTIFICATION

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.

Lindsay Upson

Printed Name of Signer



Signature of Appointed Treasurer

07.18.13

Date



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

FORSYTH COUNTY
CLERK OF SUPERIOR COURT

2013 JUL 19 PM 5:02

RECEIVED

COPY

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: Jemmise Chepel Bowen
Treasurer Name: Lindsay Upson
Treasurer Address: 3480 Triangle Drive
(include city, state, & zip) Apt. 112
Winston-Salem, NC 27106
Treasurer Phone: (336) 462-8002

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).

7/17/13

Date Signed

Jemmise Bowen
Signature of Candidate

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



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

FORSYTH COUNTY
2013 JUL 19 PM 5:02

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Raleigh, NC 27611-7255
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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: Jemmise Chepel Bowen

Committee Name: NEW Bowen Committee

Treasurer Name: Lindsay Upson

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

Committee ID #: _____

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

I, Jemmise C. Bowen, 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>Carver High School Alumni Assoc.</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: Jemmise Bowen

Date: 07.18.13

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