

# Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" type="checkbox"/> Amended

Use this form to create a new or update an existing candidate committee.  
 This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

<b>1. Committee Information</b>			
a. Name of Committee <u>Cameron for Council</u>		d. ID Number	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
c. Committee Website (Optional)		f. Phone Number	
<b>2. Candidate Information</b>			
a. Full Name <u>Mary Cameron</u>		e. Party Affiliation <u>Republican</u>	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought <u>Council member</u>	
c. Phone Number	d. Email Address	g. Next Election Year <u>2025</u>	h. Jurisdiction
<input type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name <u>Mary Cameron</u>		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) <u>7927 Abelia Way</u>		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number <u>336-866-4202</u>	d. Email Address <u>MCameron@clermonts.org</u>	c. Phone Number	d. Email Address
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
<b>5. Custodian of Books Information (Keeper of Records)</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			
<p>I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.</p> <p><u>Mary Cameron</u> Printed Name of Treasurer      <u>Mary Cameron</u> Signature of Appointed Treasurer      <u>July 9, 2025</u> Date</p> <p>I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.</p> <p><u>Mary Cameron</u> Printed Name of Candidate      <u>Mary Cameron</u> Signature of Candidate      <u>July 9, 2025</u> Date</p>			

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 CLERMONT COUNTY



# NORTH CAROLINA STATE BOARD OF ELECTION

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BOARD OF ELECTIONS

## 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).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: Mary Cameron

Committee Name: \_\_\_\_\_

Treasurer Name: Mary Cameron

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

Committee ID #: \_\_\_\_\_

Level Registered: [State] [County] If county, specify: \_\_\_\_\_

I, \_\_\_\_\_, 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. _____	_____
2. _____	_____
3. _____	_____

Amended

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: July 8, 2025