

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		c. ID Number	
Committee to Elect Addie L. TRAVIS			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
589 Bost Crossing Kernersville, NC. 27284		7/5/13	
		e. Phone Number	
		(336) 782-5607	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Addie L. Travis		BCQ45D	Non-Partisan <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
589 Bost Xing-Kville, NC 27284		Alderman	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
782-5607	addietravis77@yahoo.com		Forsyth-County North Carolina
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Addie L. Travis			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
589 Bost Xing Kville, NC 27284			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
782-5607	addietravis77@yahoo.com		
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information	
a. Full Name		a. Financial Institution Full Name	
		Wood Forest Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Funds	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		1822316974	Checking Account
<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.			
Addie L. Travis		Addie L. Travis	7/18/13
Printed Name of Signer		Signature of Appointed Treasurer	Date

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2013 AUG 27 AM 9:09

North Carolina

2013 JUL 25 PM 1:04

RECEIVED

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

RECEIVED

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

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: Addie L. Travis
Committee Name: Committee to Elect Addie L. Travis
Treasurer Name: Addie L. Travis

If Candidate is own treasurer, designate an agent to carry out designations: Leon J. Travis Jr.

Committee ID #: _____

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

I, Addie L. Travis, 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>American Cancer Society</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: Addie L. Travis

Date: 7/18/13

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