

# STATEMENT OF ORGANIZATION PAPERWORK

Refer to the following pages for instructions on how to complete your Statement of Organization Paperwork.

The following forms are **REQUIRED**:

CRO-2100A - Statement of Organization - Candidate Committees

CRO-3100 - Certification of Treasurer

CRO-3500 - Certification of Financial Account Information

The following forms are **OPTIONAL**:

CRO-3600 - Certification of Threshold

CRO-3900 - Candidate Designation of Committee Funds

The Statement of Organization must be completed and submitted to the Wake County Board of Elections before raising or spending any money in support of your candidacy.

If you have not filed under the \$1,000 threshold, also due within 10 days of declaring your candidacy, you must submit an Organizational Report. The Organizational Report is the initial report of the transactions you have made within the first 10 days of opening your committee. This should include any initial contributions and any fees to open a bank account.

Before submitting your Organizational Report, please be sure to download the campaign finance software and refer to our Committee Startup Manual to begin logging transactions for your committee.

Any questions regarding the paperwork, software, or filing can be e-mailed to [candidates@wakegov.com](mailto:candidates@wakegov.com). Campaign Finance staff are relocated for filing, so calls may not be answered right away. To ensure that all questions are answered in a timely manner, please e-mail us and we will get back to you the same day.

# CRO-2100A - Statement of Organization - Candidate Committee

All fields highlighted in YELLOW are required

Statement of Organization - Candidate Committee				Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).					
<b>1. Committee Information</b>					
a. Full Name			c. ID Number		
COMMITTEE TO ELECT CLARA CITYWIDE					
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
857 FORESTER AVENUE RALEIGH, NC 27607			7/15/2017		
			e. Phone Number		
			919-823-9743		
<b>2. Candidate Information</b>				<input checked="" type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number		f. Party Affiliation	
CLARA CHRISTINE CITYWIDE				NONPARTISAN	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
857 FORESTER AVE RALEIGH, NC 27607		RALEIGH CITY COUNCIL			
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
823-9743	CLARA@CITYWIDE.COM	2017		DISTRICT B	
<input checked="" type="checkbox"/> Email copy of notices					
<b>3. Treasurer Information</b>			<b>4. Custodian of Books Information</b>		
a. Full Name			a. Full Name		
JUSTIN DARDEN					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
705 KEYSTONE DRIVE, MORRISVILLE					
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
919-622-2523	JUSTIN@CITYWIDE.COM				
<input checked="" 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		
<b>5. Assistant Treasurer Information</b>			<b>6. Account Information (incl. CRO-3500)</b>		
a. Full Name			a. Financial Institution Full Name		
			BANK OF AMERICA		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
			CAMPAIGN FUNDS		
c. Phone Number	d. Email Address	c. Account Code	d. Type		
		CC	CHECKING		
<input type="checkbox"/> Email copy of notices					
<b>CERTIFICATION</b>					
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.					
JUSTIN DARDEN		<i>Justin Darden</i>		7/15/2017	
Printed Name of Signer		Signature of Appointed Treasurer		Date	

State Candidates Only

Should be the date you:

- Filed
  - Spent or Received \$\$
  - Opened Account
  - Announced Candidacy
- Whichever occurred first!

State Candidates Only

For Municipal Offices, write:

- At-Large
- Ward #
- District # or Letter

This is any letter, number or combination of letters and numbers that will identify which bank account you are using. Ex: 1, 2, A, B, or initials.

CRO-2100A

NC State Board of Elections

July 2011

This form is used for creating or modifying an existing committee. Adding a Custodian of Books or an Assistant Treasurer is *optional*.

Whenever a bank account or treasurer is changed or added, a new CRO-2100A must be filed as well as whatever form details the change, such as a CRO-3100 or a CRO-3500.

**This form must be signed and dated by the current Treasurer.**

# CRO-3100 - Certification of Treasurer

All fields highlighted in YELLOW are required



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

## Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

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

### FILED BY:

Candidate Name: CLARA CHRISTINE CITYWIDE  
Treasurer Name: JUSTIN DARDEN  
Treasurer Address: 705 KEYSTONE DRIVE, MORRISVILLE NC 27560  
(include city, state, & zip) \_\_\_\_\_  
\_\_\_\_\_  
Treasurer Phone: 919-622-2523

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).

7/15/2017  
Date Signed

Clara Citywide  
Signature of Candidate

This form should only be used to certify a Treasurer. The Custodian of Books and Assistant Treasurer do not need to complete this form.

If a change of Treasurer is made on the CRO-2100A, this form must accompany it.

**This form must be signed and dated by the Candidate.**

# CRO-3500 - Certification of Financial Account Number Information

All fields highlighted in YELLOW are required



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(919) 733-7173

**Confidential**

**Certification of Financial Account Information**

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form.

**FILED BY:**

Committee Name: COMMITTEE TO ELECT CLARA CITYWIDE  
 Treasurer Name: JUSTIN DARDEN  
 Treasurer Address: 705 KEYSTONE DRIVE, MORRISVILLE NC 27560  
 (include city, state, & zip)  
 Treasurer Phone: 919-622-2523

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. **Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on reports.** If an account number is used as the "account code," confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
CHECKING	BOA	47 WEST ST, RALEIGH	9885236102	CC

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

7/15/2017

Date Signed

*Clara Citywide*

Signature of Candidate or Treasurer

**For Candidate Committees Only**

- In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

By signing this statement, I authorize agents of the State Board of Elections to inspect applicable accounts.

Date Signed

Signature of Candidate or Treasurer

CRO-3500

Certification of Financial Account Information

July 2014

This form is used for creating or modifying an existing committee.

A bank account change on the CRO-2100A must be accompanied by this form.

If you decide that you will not raise or spend any money outside of personal funds, the second portion of the form can be completed.

**This form must be signed and dated by the current Candidate OR Treasurer.**

# CRO-3600 - Certification of Threshold

All fields highlighted in YELLOW are required



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(919) 733-7173

## Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

**This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.**

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

### FILED BY:

Committee Name: COMMITTEE TO ELECT CLARA CITYWIDE  
Treasurer Name: JUSTIN DARDEN  
Treasurer Address: 705 KEYSTONE DRIVE, MORRISVILLE NC 27560  
(include city, state, & zip) \_\_\_\_\_  
\_\_\_\_\_  
Treasurer Phone: 919-622-2523

### Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

**THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.**

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

7/15/2017

Date Signed

Clara Citywide

Signature

This form is used for creating or modifying an existing committee.

One of the boxes must be checked when completing this form. If you at any time wish to go under the \$1,000 threshold and be exempt from reporting, you can complete this form if you have less than \$1,000 in your committee. Once you go over that amount, you must submit the form again and check line 2. When you submit the next report on your schedule, you must then report all transactions since the committee's inception.



# Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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).

<b>1. Committee Information</b>					
a. Full Name				c. ID Number	
b. Mailing Address (include City, State and Zip Code)				d. Date Organized	
				e. Phone Number	
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
				(Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
c. Phone Number	d. Email Address		h. Next Election Year	i. Jurisdiction	
<input type="checkbox"/> Email copy of notices					
<b>3. Treasurer Information</b>			<b>4. Custodian of Books Information</b>		
a. Full Name			a. Full Name		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number			c. Phone Number	d. Email Address	
d. Email Address			d. Email Address		
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Email copy of notices		
<b>5. Assistant Treasurer Information</b>			<b>6. Account Information</b> (incl. CRO-3500)		
a. Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
c. Phone Number	d. Email Address		c. Account Code	d. Type	
<input type="checkbox"/> Email copy of notices					
<b>CERTIFICATION</b>					
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	



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**Confidential**

**Certification of Financial Account Information**

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form.

**FILED BY:**

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

Treasurer Name: \_\_\_\_\_

Treasurer Address: \_\_\_\_\_

(include city, state, & zip) \_\_\_\_\_

Treasurer Phone: \_\_\_\_\_

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. **Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on reports.** If an account number is used as the "account code," confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Candidate or Treasurer

**For Candidate Committees Only**

- In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

By signing this statement, I authorize agents of the State Board of Elections to inspect applicable accounts.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Candidate or Treasurer





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## Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

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

### FILED BY:

Candidate Name: \_\_\_\_\_

Treasurer Name: \_\_\_\_\_

Treasurer Address: \_\_\_\_\_

(include city, state, & zip) \_\_\_\_\_

Treasurer Phone: \_\_\_\_\_

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).

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Candidate



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**Certification of Threshold**

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

**This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.**

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

**FILED BY:**

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

Treasurer Name: \_\_\_\_\_

Treasurer Address: \_\_\_\_\_

(include city, state, & zip) \_\_\_\_\_

Treasurer Phone: \_\_\_\_\_

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

**THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.**

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

\_\_\_\_\_ Date Signed

\_\_\_\_\_ Signature



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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).

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

Candidate Name: \_\_\_\_\_

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

Treasurer Name: \_\_\_\_\_

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

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).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. _____	_____
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: \_\_\_\_\_

Date: \_\_\_\_\_