

COPY

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 CRO-3500 submit if applicable).

Amendment

☐ Yes

☐ No

1. Committee Information			
a. Full Name		ID Number	
Committee to Elect Tony Burton			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
3890 Thornaby Circle Winston-Salem, NC 27107		01/03/14	
		e. Phone Number	
		336-918-9351	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Tony Lewis L. Burton III, PhD			Democrat (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
3890 Thornaby Circle Winston-Salem, NC 27107		Forsyth County Commissioner	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
336-918-9351	Tony@Burton4FCCCommissioner.com	2014	A
<input type="checkbox"/> Email copy of notices yes			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Jenifer Danielle Vance		Brittani Marie Williams	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
228 Ridge Forest Court Winston-Salem, NC 27104		3890 Thornaby Circle Winston-Salem, NC 27107	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-287-1565	Treasurer@Burton4FCCCommissioner.com	828-406-9395	bw65495@gmail.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 <input type="checkbox"/> Add <input type="checkbox"/> Remove		6. Account Information (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
Brittani Marie Williams		Branch Bank and Trust	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
3890 Thornaby Circle Winston-Salem, NC 27107		Checking	
c. Phone Number	d. Email Address	c. Account Code	d. Type
828-406-9395	bw65495@gmail.com	TB2014	Checking
<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.			
Jenifer Danielle Vance		1/3/14	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	



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

BOARD OF ELECTIONS

2014 JAN -3 AM 9:52

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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: Tony Lewis L. Burton III, PhD
Treasurer Name: Jenifer Danielle Vance
Treasurer Address: 228 Ridge Forest Court Winston-Salem, NC 27104
(include city, state, & zip) _____

Treasurer Phone: 336-287-1565

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).

1/3/14
Date Signed

[Signature]
Signature of Candidate

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



FORSYTH COUNTY
BOARD OF ELECTIONS

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441 N Harrington Street
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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: Tony Lewis L. Burton III, PhD

Committee Name: Committee to Elect Tony Burton

Treasurer Name: Jenifer Danielle Vance

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

Committee ID #: _____

Level Registered: [State] [County] If county, specify: NC, Forsyth

I, Tony Lewis L. Burton III, PhD, 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>Northwest Child Development Centers, Inc</u>	<u>100% to MLB Scholarship Fund</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: _____

Date: 1/3/14

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