

# 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).

Amendment  
 Yes  No

1. Committee Information	
a. Full Name	e. ID Number
Committee to Elect Philip Azar	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
917 Monmouth Ave. Durham, NC 27701	6-2-15
	e. Phone Number
	919-491-6002

2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee
a. Full Name	e. Candidate ID Number	f. Party Affiliation
Philip Azar		(Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
917 Monmouth Ave. Durham, NC 27701	Durham City Council	
c. Phone Number	d. Email Address	h. Next Election Year
919-491-6002		
<input type="checkbox"/> Email copy of notices		i. Jurisdiction
		AT-LARGE

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name	b. Mailing Address (include City, State, and Zip Code)	a. Full Name	b. Mailing Address (include City, State, and Zip Code)
Diane Amato	902 Demerius St. Durham, NC 27701		IN PERSON
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-270-1923			DURHAM BOE
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 (incl. CRO-3500)	
a. Full Name	b. Mailing Address (include City, State, and Zip Code)	a. Financial Institution Full Name	b. Purpose
c. Phone Number	d. Email Address	c. Account Code	d. Type
<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.

DIANE AMATO                      *Diane Amato*                      6-2-15  
 Printed Name of Signer                      Signature of Appointed Treasurer                      Date



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

**IN PERSON**

JUN 02 2015

**DURHAM BOE**

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 to the committee. This form is required and must accompany the Candidate's Statement of Organization


**FILED BY:**

Candidate Name: Philip Azar  
 Treasurer Name: Diane Amato  
 Treasurer Address: 902 Demerius St.  
 (include city, state, & zip) Durham, NC  
27701  
 Treasurer Phone: 919-270-1923

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).

6/1/2015  
 Date Signed

  
 Signature of Candidate

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



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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: PHILIP AZAR

Committee Name: COMMITTEE TO ELECT PHILIP AZAR

Treasurer Name: DIANE AMATO

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

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

Level Registered: [State] County of county, specify: DURHAM

I, PHILIP AZAR, 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>DURHAM HABITAT FOR HUMANITY</u>	<u>50%</u>
2. <u>DURHAM COMMUNITY LAND TRUSTEES</u>	<u>25%</u>
3. <u>REAL DURHAM</u>	<u>25%</u>

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: Philip Azar

Date: 6.9.15