

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 EDDIE DAVIS - CITY COUNCIL			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. BOX 741 DURHAM, NORTH CAROLINA 27702		JULY 3, 2013	
		e. Phone Number	
		919.810.5012	
2. Candidate Information <input checked="" type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
EDDIE DAVIS, III			DEMOCRAT <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
405 STINHURST DR., DURHAM, NC 27713		DURHAM CITY COUNCIL - WARD 2	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
919.810.5012	EDDIE DAVIS, CITY COUNCIL @ GMAIL.COM	2013	DURHAM, NC
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
EDDIE DAVIS, III		EDDIE DAVIS	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
405 STINHURST DR., DURHAM, NC 27713		405 STINHURST DR., DURHAM, NC 27713	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919.544.3742		919.810.5012	EDDIE DAVIS, CITY COUNCIL @ 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 <small>(incl. CRO-3500)</small> <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		RECEIVED JUL 12 REC'D DURHAM COUNTY BOARD OF ELECTIONS	
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.			
Printed Name of Signer		Signature of Appointed Treasurer	Date
Eddie Davis			7/11/13

EO



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

Kimberly Westbrook-Strach
 Deputy Director – Campaign Reporting

RECEIVED
 JUL 12 REC'D
 DURHAM COUNTY
 BOARD OF ELECTIONS
 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: EDDIE DAVIS

Treasurer Name: EDDIE DAVIS

Treasurer Address: 405 STINIHURST DRIVE

(include city, state, & zip) DURHAM, NORTH CAROLINA 27713

Treasurer Phone: 919.544.3742

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).

July 5, 2013
 Date Signed

Eddie Davis
 Signature of Candidate

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



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

IN-PERSON

JUL 16 2013

DURHAM BOE

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: EDDIE DAVIS

Committee Name: COMMITTEE TO KICK EDDIE DAVIS

Treasurer Name: EDDIE DAVIS

If Candidate is own treasurer, designate an agent to carry out designations: HARRIETTE U. DAVIS

Committee ID #: _____

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

I, EDDIE DAVIS, 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. <u>NC FUND FOR PUBLIC SCHOOL CHILDREN</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: *Eddie Davis*

Date: July 16, 2013

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