

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 Michael D. Lee Mike Lee for Durham School Board				c. ID Number ZCL695	
b. Mailing Address (include City, State and Zip Code) P.O. Box 306 Durham, NC 27702				d. Date Organized 2/12/14	
				e. Phone Number 919-768-2662	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name Michael Darnell Lee			e. Candidate ID Number ZCL695		f. Party Affiliation Non-Partisan <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) 607 Fanning Way Durham, NC 27704			g. Office Sought Member Durham School Board		
c. Phone Number 919-768-2662		d. Email Address durham.guy@outlook.com		h. Next Election Year 2014	i. Jurisdiction District 1A
		<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name Michael D. Lee			a. Full Name		
b. Mailing Address (include City, State, and Zip Code) P.O. Box 306 Durham, NC 27704			b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number 919-768-2662		d. Email Address durham.guy@outlook.com		c. Phone Number	d. Email Address
I prefer to receive notices by email <input checked="" 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			a. Financial Institution Full Name PNC Bank, N.A.		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)			b. Purpose Committee Account		
c. Phone Number		d. Email Address		c. Account Code 01	d. Type 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.					
Michael D. Lee Printed Name of Signer			 Signature of Appointed Treasurer		2/18/14 Date



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

IN-PERSON
 FEB 19 2014
 DURHAM BOE

Kimberly Westbrook-Strach
 Deputy Director – Campaign Reporting

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: Michael Lee

Treasurer Name: Michael Lee

Treasurer Address: 607 Fanny Way

(include city, state, & zip) Durham, NC 27704

Treasurer Phone: 919-768-2662

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).

2/18/14
 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 nine allowable methods outlined in 163-278.16B(a).

Candidate Name: Michael D. Lee
 Committee Name: Mike Lee for Durham School Board
 Treasurer Name: Michael Lee
 If Candidate is own treasurer, designate an agent to carry out designations: Erin J. Lee
 Committee ID #: ZCL695
 Level Registered: [State] [County] If county, specify: County

I, Michael D. Lee, 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 <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>Kappas of Durham Foundation</u>	<u>80%</u>
2. <u>Calvary Ministries of the West End Community</u>	<u>20%</u>
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: 2/18/14

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