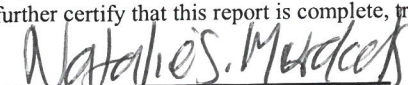

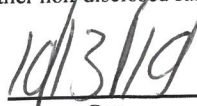


Statement of Organization - Candidate Committee

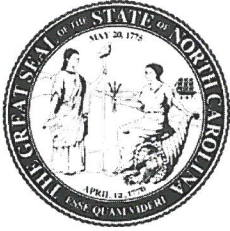
Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

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).

1. Committee Information			
a. Full Name		c. ID Number	
Natalie For NC			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
2616 Erwin Rd Apt 1334 Durham, NC 27705		10/1/10	
		e. Phone Number	
		9199089042	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Natalie Shapelle Murdock			Democrat <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
2616 Erwin Rd Apt 1334 Durham NC 27705		NC Senate	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
	team@natalieforncsenate.com	2020	District 20
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Ashia Williamson		Raishawn Brown	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
302 Aaron Circle Durham, NC 27713		608 Rosecrest Dr. High Point NC 27260	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
	ashiawilliamson@yahoo.com		
<input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name	
		Mechanics and Farmers Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
			Business Acct
<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	

IN PERSON
OCT 03 2019
DURHAM BOE



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

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: Natalie Shapelle Murdock

Treasurer Name: Ashia Williamson

Treasurer Address: 302 Aaron Circle Durham, NC 27713

(include city, state, & zip) _____

Treasurer Phone: 980-213-8362

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).

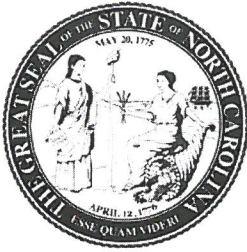
10/3/19
Date Signed

[Signature]
Signature of Candidate

IN PERSON

OCT 03 2019

DURHAM BOE



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

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: Natalie Shapelle Murdock

Committee Name: Natalie for NC

Treasurer Name: Ashia Williamson

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

Committee ID #: _____

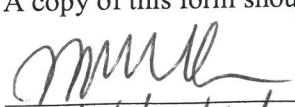
Level Registered: [State] [County] If county, specify: _____

I, Natalie Murdock, 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> <i>(Select from §163-278.16B(a))</i>	<u>Plan for Disbursement (eg. Amount or %)</u>
1.	<u>Durham County Democratic Party</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: 

Date: 10/3/19

IN PERSON

OCT 03 2019

DURHAM BOE