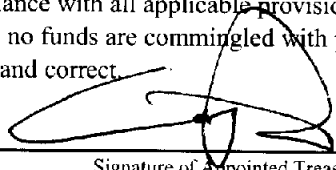


# Statement of Organization - Candidate Committee

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).

<b>1. Committee Information</b>					
a. Full Name Charlie Reece For Durham				c. ID Number	
b. Mailing Address (include City, State and Zip Code) 3604 Darwin Road Durham, NC 27707				d. Date Organized 7/2/2015	
				e. Phone Number (919) 599-1357	
<b>2. Candidate Information</b> <input checked="" type="checkbox"/> Candidate's Primary Committee					
a. Full Name Charlie Reece			e. Candidate ID Number		f. Party Affiliation Non-partisan <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) 3604 Darwin Road Durham, NC 27707			g. Office Sought Durham City Council		
c. Phone Number (919) 599-1357	d. Email Address charlie@charliefordurham.com		h. Next Election Year <b>2015</b>		i. Jurisdiction City of Durham (at large)
Email copy of notices <input type="checkbox"/>					
<b>3. Treasurer Information</b>			<b>4. Custodian of Books Information</b>		
a. Full Name Garrett B. Dixon			a. Full Name		
b. Mailing Address (include City, State, and Zip Code) 1012 Virgie Street Durham, NC 27705			b. Mailing Address (include City, State, and Zip Code) <b>IN PERSON</b>  JUL 02 2015		
c. Phone Number (919) 645-8129	d. Email Address		c. Phone Number	d. Email Address <b>DURHAM BOE</b>	
I prefer to receive notices by email      Yes      No			Email copy of notices <input type="checkbox"/>		
<b>5. Assistant Treasurer Information</b>			<b>6. Account Information</b> <small>(incl. CRO-3500)</small>		
a. Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
c. Phone Number	d. Email Address		c. Account Code	d. Type	
Email copy of notices <input type="checkbox"/>					
<b>CERTIFICATION</b>					
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.					
Garrett B. Dixon Printed Name of Signer		 Signature of Appointed Treasurer		7/2/2015 Date	



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

IN PERSON

JUL 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: Charlie Reece

Treasurer Name: Garrett B. Dixon

Treasurer Address: 1012 Virgie Street

(include city, state, & zip) Durham, NC 27705

Treasurer Phone: (919) 645-8129

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).

7/2/15  
 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).

Candidate Name: Charlie Reece

Committee Name: Charlie Reece For Durham

Treasurer Name: Garrett B. Dixon

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

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

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

I, Charlie Reece hereby direct that in the event of my  
 (Name of Candidate)

death or incapacity all 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 Community Land Trustees</u>	<u>50%</u>
2. <u>Habitat for Humanity of Durham</u>	<u>50%</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: 7/2/2015

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