

# Statement of Organization - Candidate Committee

<b>Is this statement:</b>	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Amended

Use this form to create a new or update an existing candidate committee.  
 This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

<b>1. Committee Information</b>			
a. Name of Committee		d. ID Number	
STEPHENS FOR CLERK			
b. Mailing Address (include City, State, and Zip Code)		e. Date Organized	
2310 S. MIAMI BLVD., STE. 240 DURHAM, NC 27703		12/1/2021	
c. Committee Website (Optional)		f. Phone Number	
WWW.STEPHENSFORCLERKOF COURT.COM		919-937-9920	
<b>2. Candidate Information</b>			
a. Full Name		e. Party Affiliation	
LIBRIA R STEPHENS		DEMOCRAT	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
6137 CASTELL DR, DURHAM, NC 27713		DURHAM COUNTY CLERK OF SUPERIOR COURT	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919-937-9920	atnylibria@gmail.com	2022	MUNICIPAL
<input type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name		a. Full Name	
CHUANITA W. MCALISTER			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
2310 S. MIAMI BLVD., STE. 240, DURHAM, NC 27703			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-358-5070	mcalisterlawoffice@gmail.com		
Send report notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
<b>5. Custodian of Books Information (Keeper of Records)</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
JESSICA F. EXANTUS			
b. Mailing Address (include City, State, and Zip Code)			
2310 S. MIAMI BLVD., STE. 240 DURHAM, NC 27703			
c. Phone Number	d. Email Address	b. Account Code	c. Type
919-672-2928		A	CHECKING
<input type="checkbox"/> Email copy of report notices			
<p>I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.</p> <p style="text-align: right;">DEC 06 2021 DURHAM BOE</p>			
Chuanita McAlister Printed Name of Treasurer		 Signature of Appointed Treasurer	
		12.2.21 Date	
<p>I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.</p>			
Libria R Stephens Printed Name of Candidate		 Signature of Candidate	
		12/2/21 Date	



# NORTH CAROLINA STATE BOARD OF ELECTIONS

## 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: LIBRIA STEPHENS

Committee Name: STEPHENS FOR CLERK

Treasurer Name: CHUANITA W. MCALISTER

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


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

Level Registered: [State] [County] If county, specify: DURHAM COUNTY, NC

I, LIBRIA STEPHENS, 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: 12/2/21

**IN PERSON**

**DEC 06 2021**