

Amendment
 Yes No

Statement of Organization - Candidate Committee

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 COMMITTEE TO ELECT BOB BYRD | | | | c. ID Number | |
| b. Mailing Address (include City, State and Zip Code) 2826 CHARLOTTE LANE BURLINGTON, NC 27215 | | | | d. Date Organized JAN. 21, 2014 | |
| | | | | e. Phone Number (336) 584-7302 | |
| 2. Candidate Information <input checked="" type="checkbox"/> Candidate's Primary Committee | | | | | |
| a. Full Name ROBERT E. BYRD | | | e. Candidate ID Number | | f. Party Affiliation DEMOCRAT <small>(Indicate Non-partisan if applicable)</small> |
| b. Mailing Address (include City, State, and Zip Code) 2826 CHARLOTTE LN BURLINGTON, NC 27215 | | | g. Office Sought COUNTY COMMISSIONER | | |
| c. Phone Number 336-584-7302 | d. Email Address rbyrd4@triad.rr.com | | h. Next Election Year 2015 | i. Jurisdiction | |
| <input type="checkbox"/> Email copy of notices | | | | | |
| 3. Treasurer Information | | | 4. Custodian of Books Information | | |
| a. Full Name CAROLINE M. KING | | | a. Full Name | | |
| b. Mailing Address (include City, State, and Zip Code) 2932 NORTH NC HWY 119 MORBANE, NC 27302 | | | b. Mailing Address (include City, State, and Zip Code) | | |
| c. Phone Number 336-260-0983 | d. Email Address WAKEBOARDMOM@ BELLSOUTH.NET | | 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 <small>(incl. CRO-3500)</small> | | |
| a. Full Name | | | <input type="checkbox"/> Add | a. Financial Institution Full Name CAPITAL BANK | |
| | | | <input type="checkbox"/> Remove | <input type="checkbox"/> Add | |
| b. Mailing Address (include City, State, and Zip Code) | | | b. Purpose CAMPAIGN | | |
| c. Phone Number | d. Email Address | | c. Account Code 1 | 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. | | | | | |
| Caroline King Printed Name of Signer | | Caroline King Signature of Appointed Treasurer | | 1-21-14 Date | |



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

Kim Westbrook Strach
 Executive Director

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: ROBERT E. BYRD
 Treasurer Name: Caroline M. King
 Treasurer Address: 2932 N NC Hwy 119
 (include city, state, & zip) Mebane NC 27302

 Treasurer Phone: 336 260-0985

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).

1-21-14
 Date Signed

[Signature]
 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: ROBERT E. BYRD / BOB BYRD

Committee Name: COMMITTEE TO ELECT BOB BYRD

Treasurer Name: CAROLINE KING

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

Committee ID #: _____

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

I, ROBERT E. BYRD, 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>ALAMANCE COUNTY DEMOCRATIC PARTY</u> | <u>50%</u> |
| 2. <u>UNITED WAY OF ALAMANCE COUNTY</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: Robert E. Byrd

Date: 2/11/14

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