


# 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	
Mark Payne for School Board		2   18   14	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
2311 Glencoe St Burlington NC 27217			
		e. Phone Number	
		336-675-1287	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Mark Thomas Payne			Republican (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
2311 Glencoe St Burlington NC 27217		School Board	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
336-675-1287	pynenote@triad.rr.com	2015	
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Mark Thomas Payne		Timothy Millaway Holt	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
2311 Glencoe St Burlington NC 27217		2633 A Ramada Rd. Burlington, NC 27215	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-675-1287	pynenote@triad.rr.com		soundcheckmusic@ bellsouth.net
I prefer to receive notices by email <input 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		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Fredda Fuqua Payne		NC SECU	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
2311 Glencoe St Burlington NC 27217		campaign finance	
c. Phone Number	d. Email Address	c. Account Code	d. Type
336-675-1287	pynenote@triad.rr.com	1	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.			
Mark T. Payne Printed Name of Signer		 Signature of Appointed Treasurer	2   20   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: Mark Thomas Payne

Treasurer Name: Mark Payne

Treasurer Address: 2311 Glence St

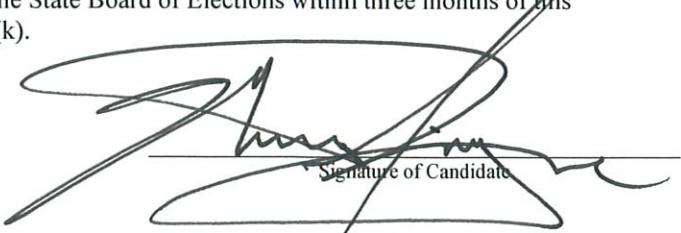
(include city, state, & zip) Burlington, NC 27217

Treasurer Phone: 336-675-1287

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 / 20 / 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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(919) 733-7173  
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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: Mark Thomas Payne

Committee Name: Mark Payne for School Board

Treasurer Name: Mark Payne

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

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

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

I, Mark T. Payne 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>United Way of Alamance County</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: 2/20/14 \_\_\_\_\_

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