

# Statement of Organization - Candidate Committee

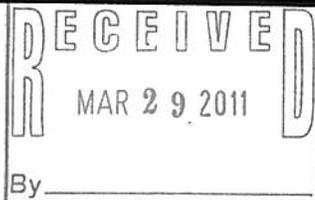
Amendment  
 Yes  No

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.

1. Committee Information			
a. Full Name Committee to Elect Anne Petree Stedman		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 802 North Main Ave Newton, NC 28658		d. Date Organized 3-29-11	e. Phone Number 828-465-0404
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name Anne Petree Stedman		c. Candidate ID Number	d. Party Affiliation Nonpartisan
b. Mailing Address (include City, State, and Zip Code) 802 North Main Ave Newton, NC 28658		e. Office Sought Mayor of Newton <small>(If office sought is nonpartisan, write "Nonpartisan" in [ ] Party Affiliation.)</small>	f. Jurisdiction Newton
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Anne Petree Stedman		a. Full Name Anne Petree Stedman	
b. Mailing Address (include City, State, and Zip Code) 802 North Main Ave Newton, NC 28658		b. Mailing Address (include City, State, and Zip Code) 802 North Main Ave. Newton, NC 28658	
c. Phone Number 828-465-0404	d. Email Address RENTS40@aol.com	c. Phone Number 828-465-0404	d. Email Address RENTS40@aol.com
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name SECU	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose campaign finance	
c. Phone Number	d. Email Address	c. Account Code APS	d. Type checking
<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.			
Anne Petree Stedman Printed Name of Signer		Anne Petree Stedman Signature of Appointed Treasurer	
		3-28-11 Date	

CRO-2100A



NC State Board of Elections

December 2007



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

Kimberly Westbrook-Strach  
 Deputy Director – Campaign Reporting

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: Anne Petree Stedman

Treasurer Name: Anne Petree Stedman

Treasurer Address: 802 North Main Ave.

(include city, state, & zip) Newton, NC 28658

Treasurer Phone: 828-465-0404

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).

3-28-11  
 Date Signed

Anne P. Stedman  
 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 nine allowable methods outlined in 163-278.16B(a).

Candidate Name: Anne Petree Stedman

Committee Name: Committee to Elect Anne Petree Stedman

Treasurer Name: Anne Petree Stedman

If Candidate is own treasurer, designate an agent to carry out designations: Susan Gaither Jones

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

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

I, Anne Petree Stedman (Name of Candidate) hereby direct that in the event of my 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).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Humane Society</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: Anne Petree Stedman

Date: 3-28-11

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