

MAY 22 2013

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		c. ID Number	
Jan Herman for Conover City Council			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
PO Box 100 CONOVER, NC 28613		5-22-13	
		e. Phone Number	
		828 320 4400	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Janice B. Herman			
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
PO Box 100 CONOVER, NC 28613		Conover City Council	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
828 320 4400	jbherm47@yahoo.com		
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Janice Herman		Jan Herman	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
PO Box 100 Conover NC 28613			
c. Phone Number	d. Email Address	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 (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	b. Purpose
		Peoples Bank	Political
b. Mailing Address (include City, State, and Zip Code)		c. Account Code	d. Type
		jbh	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.			
Jan Herman		Jan Herman	5-22-13
Printed Name of Signer		Signature of Appointed Treasurer	Date



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: Jan Herman
 Treasurer Name: Janice Herman
 Treasurer Address: PO Box 100
 (include city, state, & zip) CONOVER, NC 28613

 Treasurer Phone: 828 320 - 4400

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).

5-22-13
 Date Signed

Jan Herman
 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: Jan Herman
 Committee Name: Jan Herman for Conover City Council
 Treasurer Name: Janicet Herman
 If Candidate is own treasurer, designate an agent to carry out designations: Ken Herman
 Committee ID #: _____
 Level Registered: [State] [County] If county, specify: Catawba

I, Jan Herman, 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 <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>Family Guidance</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: Jan Herman
 Date: 5-22-13

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