

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.

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Committee Information			
a. Full Name		c. ID Number	
XXXXXXXXXXXXXXXXXXXX Mark Crawford for School Board		ODH 40H	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
Post Office Box 1345 Montreat, N.C. 28757		30 th July 2008	
		e. Phone Number	
		669-2503	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Mark Crawford		ODH 40H	
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
Post Office Box 1345 Montreat, N.C. 28757		Buncombe County School Board (Owen District)	Owen District
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Mark Crawford		Mark Crawford	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
Post Office Box 1345 Montreat, N.C. 28757		Post Office Box 1345 Montreat N.C. 28757	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
669-2503	No Home Internet ☺	669-2503	No Home Internet ☺
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
-N/A-		To be provided within 10 days of filing	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Expenditures	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		Education	Checking
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 CRAWFORD		07/30/08	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	



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: Mark Crawford for School Board
 Treasurer Name: Mark Crawford
 Treasurer Address: PO Box 1345
 (include city, state, & zip) Montreat, N.C. 28757

 Treasurer Phone: (828) 669-2503

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).

07/30/08
 Date Signed

Mark Crawford
 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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Certification of Threshold

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$3,000 in the current election cycle.

FILED BY:

Committee Name: Mark Crawford for School Board
 Treasurer Name: Mark Crawford
 Treasurer Address: PO Box 1345
 (include city, state, & zip) Mountreat, N.C. 28757
 (mailing)
 Treasurer Phone: (828) 669-2503

Check One:

I certify that this committee intends to neither receive nor expend more than \$3,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$3,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain under the \$3000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

07/30/08
 Date Signed

Mark Crawford
 Signature

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