

Statement of Organization - Candidate Committee

Amendment
 Yes No

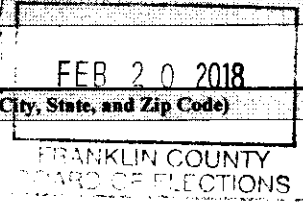
Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

a. Full Name	c. ID Number
Elect Mark Speed	RCR2NU
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
626 Laurel Mill-Centerville Rd Louisburg, NC. 27549	2/12/18
	e. Phone Number
	(919) 497-7064

a. Full Name	e. Candidate ID Number	f. Party Affiliation
James Marshburn Speed (mark)	RCR2NU	
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	(Indicate Non-partisan if applicable)
626 Laurel Mill-Centerville Rd Louisburg, NC. 27549	County Commissioner Dist 3	
c. Phone Number	h. Next Election Year	i. Jurisdiction
(919) 497-7064		
d. Email Address	<input type="checkbox"/> Email copy of notices	
mspeed6470@gmail.com		

a. Full Name	a. Full Name
Peter Van Etten Andrews	
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
1405 Laurel Mill Rd Louisburg, NC 27549	
c. Phone Number	c. Phone Number
919 853 4145	
d. Email Address	d. Email Address
Peterandrews@earthlink.net	



I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
a. Full Name	a. Financial Institution Full Name	b. Purpose	
b. Mailing Address (include City, State, and Zip Code)	c. Account Code	d. Type	
c. Phone Number	d. Email Address	<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.

Peter Van Etten Andrews *Peter Van Etten Andrews* 2/20/2018
 Printed Name of Signer Signature of Appointed Treasurer Date



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Candidate Name:

James Marshburn Speed (mark)

Treasurer Name:

Peter VanEtten Andrews

Treasurer Address:

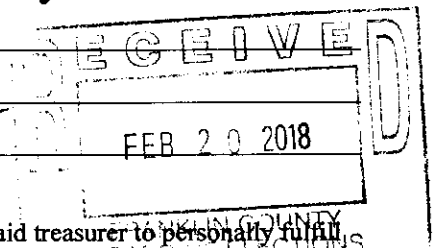
1405 Laurel Mill Rd

(include city, state, & zip)

Louisburg, NC. 27549

Treasurer Phone:

(919) 853-4145

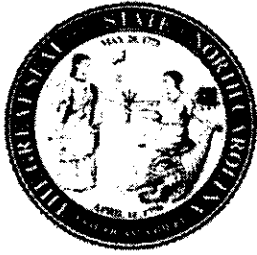


I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the 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).

2/20/2018
Date Signed

Mark Speed
Signature of Candidate



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

RECEIVED
FEB 23 2018
FRANKLIN COUNTY
STATE BOARD OF ELECTIONS

Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form.

FILED BY:

Committee Name:

Elect Mark Speed

Treasurer Name:

Peter Van Etten Andrews

Treasurer Address:

1405 Laurel Mill Rd

(include city, state, & zip)

Louisburg, NC 27549

Treasurer Phone:

(919) 853-4145

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. **Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on reports.** If an account number is used as the "account code," confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
<i>Checking</i>	<i>BB&T</i>	<i>157 Burke Blvd Louisburg, NC 27549</i>		

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

2/20/2018

Date Signed

Mark Speed

Signature of Candidate or Treasurer

For Candidate Committees Only

- In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

By signing this statement, I authorize agents of the State Board of Elections to inspect applicable accounts.

Date Signed

Signature of Candidate or Treasurer



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

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).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: James Marshburn Speed (Mark)

Committee Name: Elect Mark Speed

Treasurer Name: Peter Van Etten Andrews

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

Committee ID #: RCR2NY

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

I, James Marshburn Speed (Mark), 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>Democratic Party</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: Mark Speed

Date: 2/20/2018

