

# 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 <b>Committee to Elect Bernard Hall</b>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <b>1573 NC Hwy 39 South Louisburg, NC 27549</b>		d. Date Organized <b>2/10/14</b>	
		e. Phone Number <b>919-496-8036</b>	
a. Full Name <b>Bernard Kellon Hall</b>		e. Candidate ID Number	
b. Mailing Address (include City, State, and Zip Code) <b>1573 NC Hwy 39 South Louisburg, NC 27549</b>		f. Party Affiliation <b>Non Partisan</b> <small>(Indicate Non-partisan if applicable)</small>	
g. Office Sought <b>Franklin County Board of Education District 1</b>		h. Next Election Year <b>2014</b>	
c. Phone Number <b>919 496-8036</b>	d. Email Address	i. Jurisdiction	
<input type="checkbox"/> Email copy of notices			
a. Full Name <b>Bernard Kellon Hall</b>		a. Full Name <b>Bernard Kellon Hall</b>	
b. Mailing Address (include City, State, and Zip Code) <b>1573 NC Hwy 39 South Louisburg, NC 27549</b>		b. Mailing Address (include City, State, and Zip Code) <b>1573 NC Hwy 39 South Louisburg, NC 27549</b>	
c. Phone Number <b>919 496-8036</b>	d. Email Address	e. Phone Number <b>919 496-8036</b>	f. Email Address
I prefer to receive notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
a. Full Name		b. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		c. Account Information	
		d. Type	
c. Phone Number		d. Type	
<input type="checkbox"/> Email copy of notices			
<p><b>CERTIFICATION</b></p> <p>I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B &amp; 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.</p> <p><b>Bernard Hall</b> <b>Bernard Hall</b> <b>2/19/14</b>  <small>Printed Name of Signer      Signature of Appointed Treasurer      Date</small></p>			



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.

FEB 20 2014

**FILED BY:**

Candidate Name: Bernard Hall  
 Treasurer Name: Bernard Hall  
 Treasurer Address: 1573 NC Hwy 39 South  
 (include city, state, & zip) Louisburg, NC 27549  
 Treasurer Phone: 919-496-8036

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).

2/19/14  
 Date Signed

Bernard Hall  
 Signature of Candidate

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