

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 applicable).

Amending Yes No
COPY

1. Committee Information			
a. Full Name		c. ID Number	
Committee To Elect Arland Bell		ICD324	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
103 OAKWOOD DR. Havelock, N.C. 28532		1/30/14	
		e. Phone Number	
		252-447-3568	
2. Candidate Information <input checked="" type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Arland LeVa Bell			* Democrat (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
103 OAKWOOD DR. Havelock, NC 28532		County Commissioner	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
252-447-3568	Jlonebell@EmbargoMail.com	2014	DISTRICT 6
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Sandra Samples Hammer			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
203 Borgo Ct. Havelock, N.C. 28532			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
444-0714	S.Hammer@EC.RR.COM		
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) <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
		Branch Bank & Trust Co.	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		01	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.			
Sandra S. Hammer Printed Name of Signer		[Signature] Signature of Appointed Treasurer	2/3/14 Date

May 2011
RECEIVED
FEB 04 2014
BY: [Signature]



COPY

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

FILED BY:

Candidate Name: Arland L. Bell
Treasurer Name: Sandra S. Hammer
Treasurer Address: 203 Borgo Ct.
(include city, state, & zip) Havelock, N.C. 28532

Treasurer Phone: 252-444-0714

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).

1/30/14
Date Signed

Arland L. Bell
Signature of Candidate

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

May 2013
RECEIVED
FEB 04 2014
BY: [Signature]



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

FEB 21 2014

Kim Westbrook Strach
 Executive Director

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Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

FILED BY:

Committee Name: Committee To Elect Arland Bell
 Treasurer Name: Sandra S. Hammer
 Treasurer Address: 203 Borgo Ct.
 (include city, state, & zip) Arvelode, N.C. 28532

 Treasurer Phone: 252-444-0714

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 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 \$1,000 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 at or under the \$1,000 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.

2/19/14
 Date Signed

Arland Bell
 Signature

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