

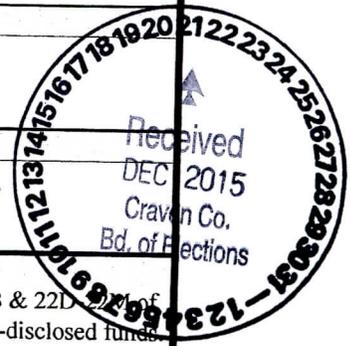
Statement of Organization - Candidate Committee

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).

1. Committee Information			
a. Full Name		c. ID Number	
BENISCHEK FOR SCHOOL BOARD		FCDP5H	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
C/O 4160 CINNAMON RUN NEW BERN, NC 28562		12/16/2015	
		e. Phone Number	
		508 944 1068	
2. Candidate Information			
<input checked="" type="checkbox"/> Candidate's Primary Committee			
a. Full Name		c. Candidate ID Number	f. Party Affiliation
SARAH MICHELLE BENISCHEK		FCDP5H	NON PARTISAN <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
117 SECRETARIAT DR HAVELOCK, NC 28532		CRAVEN COUNTY SCHOOL BOARD DIST 7	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
943 592 0995	SARAHBENISCHEK@GMAIL.COM	2016	DISTRICT 7
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
ROBERT M GRISWOLD		ROBERT M GRISWOLD	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
4160 CINNAMON RUN NEW BERN, NC 28562		4160 CINNAMON RUN NEW BERN, NC 28562	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
508 944 1068	RGRISWOL@AOL.COM	508 944 1068	RGRISWOL@AOL.COM
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		BB&T	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		CHECKING ACCOUNT	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		7	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 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.			
ROBERT M GRISWOLD		Robert M. Griswold	12/19/2015
Printed Name of Signer		Signature of Appointed Treasurer	Date





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

Certification of Threshold

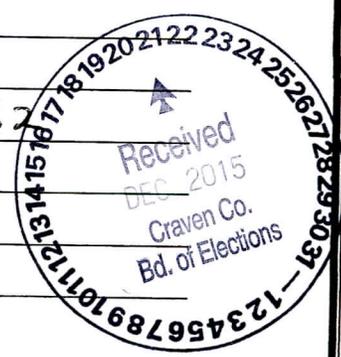
This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

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.

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

FILED BY:

Committee Name: BENISCHEK FOR SCHOOL BOARD
 Treasurer Name: ROBERT M GRISWOLD
 Treasurer Address: 4160 CINNAMON RUN
 (include city, state, & zip) NEW BERN, NC 28562
 Treasurer Phone: 508-944-1068



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.

12/19/2015
Date Signed

Robert M Griswold
Signature



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Certification of Treasurer

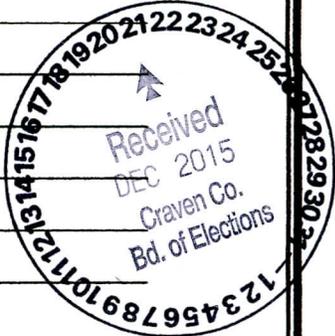
This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

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

FILED BY:

Candidate Name: Sarah Benischek
Treasurer Name: ROBERT M GRISWOLD
Treasurer Address: 4160 CINNAMON RUN
(include city, state, & zip) NEW BERN, NC 28562

Treasurer Phone: 508-944-1068



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).

12-16-15
Date Signed

Sarah Benischek
Signature of Candidate



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 441 N Harrington Street
 Raleigh, NC 27603

Kim Westbrook Strach
 Executive Director

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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 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: SARAH BENISCHEK

Committee Name: BENISCHEK FOR SCHOOL BOARD

Treasurer Name: ROBERT M GRISWOLD

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

Committee ID #: _____

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

I, SARAH BENISCHEK, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
 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).

- | <u>Name of Entity</u>
<small>(Select from §163-278.16B(a))</small> | <u>Plan for Disbursement (eg. Amount or %)</u> |
|---|--|
| 1. <u>1/3 to HOPKINS for school board</u> | _____ |
| 2. <u>1/3 to FINK for school board</u> | _____ |
| 3. <u>1/3 to McKeel for school board</u> | _____ |



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: *Sarah Benischek*

Date: 12-22-15