

Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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
Committee to Re-Elect Tom F Mark	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
5504 Blackbeard LN, New Bern NC, 28560	10/10/2013
	e. Phone Number
	(252) 635-6448

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2. Candidate Information		<input checked="" type="checkbox"/> Candidate's Primary Committee	
a. Full Name	e. Candidate ID Number	f. Party Affiliation	
Tom F Mark		Republican <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought		
5504 Blackbeard LN, New Bern NC, 28560	Commissioner, District 1		
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
(252) 635-6448	tmarksr@gmail.com	2014	Craven County
<input checked="" type="checkbox"/> Email copy of notices			

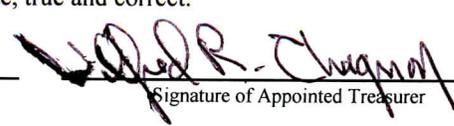
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name	a. Full Name	a. Full Name	
Wilfred R. Chagnon	Wilfred R. Chagnon	Wilfred R. Chagnon	
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
100 Finch Lane, New Bern, NC 28560	100 Finch Lane, New Bern, NC 28560		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(252)363-2961	chipandlindac@suddenlink.net	(252)363-2961	chipandlindac@suddenlink.net

I prefer to receive notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name	a. Financial Institution Full Name	BB&T	
b. Mailing Address (include City, State, and Zip Code)	b. Purpose	CAMPAIGN FUNDS	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		531011210005103778508	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.

 Wilfred R. Chagnon
 Printed Name of Signer


 Signature of Appointed Treasurer

 10/10/2013
 Date



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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: TOM F MARK

Treasurer Name: WILFRED R CHAGNON

Treasurer Address: 100 FINCH LANE

(include city, state, & zip) NEW BERN, NC, 28560

Treasurer Phone: (252) 636-2961

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).

10/10/2013
Date Signed

Tom F Mark
Signature of Candidate

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



COPY

North Carolina
State Board of Elections
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Raleigh, NC 27603

JUN 16 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 Re-Elect Tom F Mark

Treasurer Name: Wilfred R. Chagnon

Treasurer Address: 100 Finch Lane

(include city, state, & zip) New Bern, NC 28560

Treasurer Phone: 252-636-2961

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 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.

Oct. 10, 2013

Date Signed

Wilfred R. Chagnon
Signature

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