

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 MCKEEL FOR SCHOOL BOARD		c. ID Number 2CDDI7
b. Mailing Address (include City, State and Zip Code) C/O 4160 CINNAMON RUN NEW BERN, NC 28562		d. Date Organized 12/16/2015
		e. Phone Number 508 944 1068

2. Candidate Information

a. Full Name JAMES EDWARD MCKEEL		e. Candidate ID Number 2CDDI7	<input checked="" type="checkbox"/> Candidate's Primary Committee
b. Mailing Address (include City, State, and Zip Code) 320 SPRUILL TOWN RD VANCEBORO, NC 28586		f. Party Affiliation NON PARTISAN	(Indicate Non-partisan if applicable)
g. Office Sought CRAVEN COUNTY SCHOOL BOARD DIST 1			
c. Phone Number 252 244 1210	d. Email Address EMCKEEL54@GMAIL.COM	h. Next Election Year 2016	i. Jurisdiction DISTRICT 1
<input checked="" type="checkbox"/> Email copy of notices			

3. Treasurer Information

a. Full Name ROBERT M GRISWOLD	
b. Mailing Address (include City, State, and Zip Code) 4160 CINNAMON RUN NEW BERN, NC 28562	
c. Phone Number 508 944 1068	d. Email Address RGRISWOL@AOL.COM

4. Custodian of Books Information

a. Full Name ROBERT M GRISWOLD	
b. Mailing Address (include City, State, and Zip Code) 4160 CINNAMON RUN NEW BERN, NC 28562	
c. Phone Number 508 944 1068	d. Email Address RGRISWOL@AOL.COM

I prefer to receive notices by email Yes No

5. Assistant Treasurer Information

a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address

Email copy of notices

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name BBAT	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Purpose CHECKING ACCOUNT	
c. Account Code 1	d. Type CHECKING

Email copy of notices

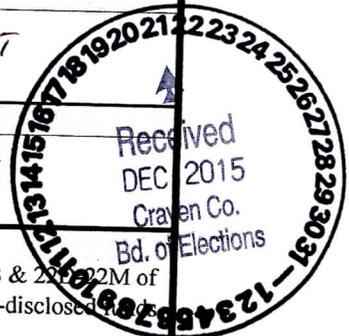
CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22C 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
Printed Name of Signer

Robert M Griswold
Signature of Appointed Treasurer

12/19/2015
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 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: Eddie McKEEL
Treasurer Name: ROBERT M GRISWOLD
Treasurer Address: 4160 CINNAMON RUN
(include city, state, & zip) NEW BERN, NC 28562

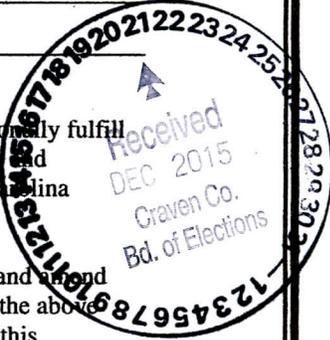
Treasurer Phone: 508-944-1068

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

[Signature]
Signature of Candidate





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

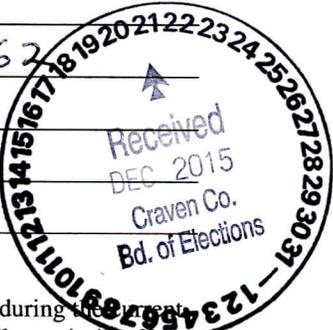
This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

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: MCKEEL 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.

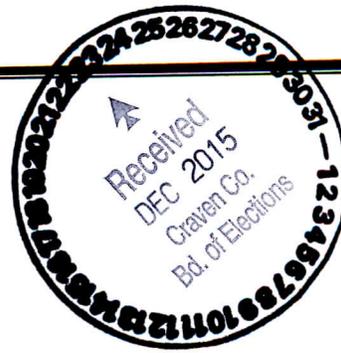
I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

12/19/2015
 Date Signed

Robert M Griswold
 Signature



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

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: EDDIE MCKEEL

Committee Name: MCKEEL 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, EDDIE MCKEEL, 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 FINK FOR SCHOOL BOARD</u> | _____ |
| 2. <u>1/3 HOPKINS FOR SCHOOL BOARD</u> | _____ |
| 3. <u>1/3 BENISCHER 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: Eddie Mckeel

Date: 12.23.15