

JUL 13 2015

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	
JOHN RICHARD KIRKLAND for Mayor		BCDHS 5	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
118 BOWLINE ROAD NEW BERN, NC 28562		6 JULY 2015	
		e. Phone Number	
		633 1363	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
JOHN RICHARD KIRKLAND		BCDHS 5	Non-Partisan <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
118 BOWLINE ROAD		MAYOR TOWN of RIVER BEND	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
633 1363	gkirk101@suddenlink.net		
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
JOHN RICHARD KIRKLAND		JOHN RICHARD KIRKLAND	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
118 BOWLINE ROAD NEW BERN, NC 28562		118 BOWLINE ROAD NEW BERN, NC 28562	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
633-1363	gkirk101@suddenlink.net	633-1363	gkirk101@suddenlink.net
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 <input type="checkbox"/> Add <input type="checkbox"/> Remove		6. Account Information (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<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.			
JOHN R. KIRKLAND Printed Name of Signer		 Signature of Appointed Treasurer	7/13/2015 Date

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

JUL 13 2015

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: Kirkland for Mayor
 Treasurer Name: JOHN R. KIRKLAND
 Treasurer Address: 118 BOWLIVE ROAD
 (include city, state, & zip) NEW BERN, NC 28562

 Treasurer Phone: 252-633-1363

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.

7/13/2015
 Date Signed

[Signature]
 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: JOHN R. KIRKLAND
 Treasurer Name: JOHN R. KIRKLAND
 Treasurer Address: 110 BOWLING ROAD
 (include city, state, & zip) NEW BERN, NC 28562

 Treasurer Phone: 252-633-1363

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).

7/13/2015
 Date Signed

[Signature]
 Signature of Candidate

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