

# Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input checked="" 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		
River Bend Needs Pat Yocum			2CD3S0		
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
124 Wildwood Dr			07/15/2015		
New Bern, NC 28562			e. Phone Number		
			610-707-3434		
2. Candidate Information <input checked="" type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
Patricia Ann Yocum		2CD3S0		Non-Partisan <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
124 Wildwood Dr, New Bern, NC 28562		Council Member			
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
610-707-3434	payocum@outlook.com	2016		Town of River Bend	
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
Patricia Ann Yocum					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
124 Wildwood Dr, New Bern, NC 28562					
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
610-707-3434	payocum@outlook.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		<input type="checkbox"/> Add		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name		<input type="checkbox"/> Remove		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.					
Patricia Ann Yocum Printed Name of Signer		 Signature of Appointed Treasurer		07/21/2015 Date	

JUL 23 2015



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: River Bend Needs Pat Yocum  
 Treasurer Name: Patricia Ann Yocum  
 Treasurer Address: 124 Wildwood Dr, New Bern, NC 28562  
 (include city, state, & zip)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 610-707-3434

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.

7/21/2015  
 Date Signed

Patricia Ann Yocum  
 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: Patricia Ann Yocum  
 Treasurer Name: Patricia Ann Yocum  
 Treasurer Address: 124 Wildwood Dr  
 (include city, state, & zip) New Bern, NC 28562  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 610-707-3434

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).

07/21/2015  
 Date Signed

Patricia Ann Yocum  
 Signature of Candidate

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