Amendment ☐ Yes ☑ No

Statement of Organization - Candidate Committee

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
GREG MUSE COUNTY COMMS. DIST #7	3CDJV 7
b. Mailing Address (include City, State and Zip Code)	**d. Date Organized**
300 NORTH Ridge Rd NEW BERN, N.C. 28562 MAR 10 2014	3-7-14
	e. Phone Number
	252 633 0814

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
GREGORY D. MUSE		DEM (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)	**g. Office Sought**	
300 NORTH Ridge Rd	COUNTY COMMISSIONER	
c. Phone Number / **d. Email Address**	**h. Next Election Year**	**i. Jurisdiction**
633-0814 / gregmuse@hotmail.com		

☐ Email copy of notices

3. Treasurer Information

a. Full Name
Natalie Standifer
b. Mailing Address (include City, State, and Zip Code)
180 Stanberry Hick Rd New Bern, NC 28562
c. Phone Number / **d. Email Address**
252-617-9016 / natalie.standifer@yahoo.com

I prefer to receive notices by email ☑ Yes ☐ No

4. Custodian of Books Information

a. Full Name
b. Mailing Address (include City, State, and Zip Code)
c. Phone Number / **d. Email Address**

☐ Email copy of notices

5. Assistant Treasurer Information

☐ Add ☐ Remove

a. Full Name
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)*

☐ Add ☐ Remove

a. Financial Institution Full Name
b. Purpose
c. Account Code / **d. Type**

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.

GREG MUSE		3-8-14
Printed Name of Signer	Signature of Appointed Treasurer	Date

COPY

~~MAR 04 2014~~

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

MAR 10 2014

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

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).

Candidate Name: GREGORY D. MUSE

Committee Name: GREG MUSE For County Commission, Dist 7

Treasurer Name: Natalie Standifer

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

Committee ID #: 3CDJV7

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

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

Name of Entity *(Select from §163-278.16B(a))*	Plan for Disbursement (eg. Amount or %)
1. CRAVEN CO Schools	50%
2. CRAVEN CO Dem Party	50%
3.	

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: _____

Date: 3.10.14

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

COPY

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

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Executive Director

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MAR 10 2014

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: GREG MUSE

Treasurer Name: Natalie Standifer

Treasurer Address: 180 Stanberry Hick Rd

(include city, state, & zip) NEW BERN NC 28562

Treasurer Phone: 252 617 9016

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).

3 10 14
Date Signed

Signature of Candidate

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

COPY