

URGENT FEB 24 2014

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COPY

Amendment 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).

Committee Information	
a. Full Name <i>Dea Smith for Board of Education</i>	c. ID Number <i>5CD96C</i>
b. Mailing Address (include City, State and Zip Code) <i>1700 Chestnut Ave. New Bern N.C. 28562</i>	d. Date Organized
	e. Phone Number <i>252-637-5701</i>

Candidate Information		
a. Full Name <i>Beatrice Riggs Smith</i>	e. Candidate ID Number <i>5CD962</i>	f. Party Affiliation <i>Democrat</i> <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) <i>1700 Chestnut Ave, New Bern NC</i>	g. Office Sought <i>Craven County Board of Education</i>	
c. Phone Number <i>252-637-5701</i>	d. Email Address <i>beasmith@uddenlink.net</i>	h. Next Election Year <i>2014</i>
<input type="checkbox"/> Email copy of notices		i. Jurisdiction <i>Craven County</i>

Candidate Information		Accounting and Bank Information	
a. Full Name <i>Beatrice R. Smith</i>	a. Full Name <i>Beatrice R. Smith</i>		
b. Mailing Address (include City, State, and Zip Code) <i>1700 Chestnut Ave, New Bern NC 28562</i>	b. Mailing Address (include City, State, and Zip Code) <i>1700 Chestnut Ave, New Bern NC 28562</i>		
c. Phone Number	d. Email Address <i>beasmith@uddenlink.net</i>	c. Phone Number <i>252-637-5701</i>	d. Email Address
I prefer to receive notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	

Candidate Information		Accounting and Bank Information	
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.

Beatrice Riggs Printed Name of Signer *Beatrice R. Smith* Signature of Appointed Treasurer *2/22/2014* Date

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URGENT FEB 24 2014



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

FEB 24 2014

Kim Westbrook Strach
Executive Director

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

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:

Sea Smith for Board of Education

Treasurer Name:

Beatrice Smith

Treasurer Address:

1700 Chestnut Ave.

(include city, state, & zip)

New Bern NC. 28562

Treasurer Phone:

252-637-5701

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.

4/21/2014
Date Signed

Beatrice R. Smith
Signature

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

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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:

Beatrice Riggs Smith

Treasurer Name:

Beatrice Riggs Smith

Treasurer Address:

1700 Chestnut Ave

(include city, state, & zip)

New Bern, NC. 28562

Treasurer Phone:

252-637-5701

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).

2/21/2014
Date Signed

Beatrice R. Smith
Signature of Candidate

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