## **Statement of Organization - Candidate Committee**

| Is this | statement: |
|---------|------------|
| New     | Amended    |

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

| 1. Committee Infor  | mation                                     |                   |  |                |               | DEPARTMENT !   |
|---|--|-------------------|--|----------------|---------------|--|
| a. Name of Committee  |  |                   | d. ID Num  | per            |               |  |
| CODEV IN  | eming for t<br>lude City, State and Zip Co | > 1 ( Lat. 6      | wheel Dan  | لم             |               | I  |
| b. Mailing Address (inc   | 21001 1201                                 |                   | e. Date Org  | anized         |               |  |
| 1. 10 D 1   |  |                   | 1 1  | 12020          |               |  |
| 1619 13en-  | NCZMOY                                     | i                 |  |                |               |  |
| c. Committee Website (  | Optional)                                  |                   |  |                | f. Phone N    | amber  |
|   |  |                   |  |                |               | - 1  |
| 2. Candidate Infor  | mation                                     |                   |  | R. H.          | DE SE         | 6 3 3 1 1 2 3 1 1                                      |
|   |  |                   | e. Party Affiliation   |                |               |  |
|   |  |                   | Devis  |                |               |  |
| Jospur Fleming  |  |                   | Dem  |                |               |  |
|   |  |                   | f. Office Sought   |                |               |  |
| 1019 Bent Willow Br   |  |                   | Durham School Band   |                |               |  |
| Durham IV   | c 27704                                    |                   |  |                |               |  |
| c . Phone Number  |  |                   | g. Next Election Year  | h.             | Jurisdiction  |  |
|   |  | 0                 | 5  |                |               |  |
|   | Jasper L Freming                           | ) e gran com      |  |                |               | - 1  |
| Email copy of re  |  |                   |  |                |               |  |
| 3. Treasurer Infori   | mation                                     | S P L M E PILE    | 4. Assistant Treasurer Information   |                |               |  |
| a. Full Name  |  |                   | a. Full Name   |                |               |  |
| Jasper '  | Flemina                                    |                   |  |                |               |  |
| h. Mailing Address (inc   | lude City, State, and Zip C                | ode)              | b. Mailing Address (include City, State and Zip Code)  |                |               |  |
| 1019 Bent   | hillan Dr                                  | oucy              | or maning made out (me   | orado City, S. | ине ина шър с | 7040)  |
|   |  |                   | 1  |                |               |  |
| Durham No   |  |                   |  |                |               |  |
| c. Phone Number   | d. Email Address                           |                   | c. Phone Number  | d. Email Ad    | ldress        |  |
| 252. 673  | Jasperl Flemi                              | ngegnail.com      | n  |                |               |  |
| Send report no  | ☐ Email copy of report notices             |                   |  |                |               |  |
| 5. Custodian of Books Information (Keeper of Records)                           |  |                   | 6. Account Information (incl. CRO-3500)  |                |               |  |
| a. Full Name  |  |                   | a. Financial Institution Full Name   |                |               |  |
|   |  |                   | Bank of  | A              | dea.          | 1/1/2  |
| h. Mailing Address (inc   | clude City, State, and Zip C               | ode)              | DUITE CA   | 1 2000         | 4/22/         | TYPER  |
| b. Maining Address (include City, State, and 25p Code)                          |  |                   | 1515 N Chroacon st   |                |               |  |
|   |  |                   | Bank of Amarica INDERSOI<br>1515 N Greggen st<br>Dwham NC 27701 FEB 28 200<br>b. Account Code c. Type DID. |                |               |  |
|   | ·  |                   | Wilham NC 27101 2820   |                |               |  |
| c. Phone Number   | d. Email Address                           |                   | b. Account Code  | c. Type        |               | URHA   |
|   |  |                   | ( 1/2  | 1.             |               | DURHAM BOL   |
| Email copy of r   | eport notices                              |                   | ( 03   | Seul           | 195           |  |
| General Statutes a this report is competitive.  Printed  I certify that the inf | E  | mmingled with pro | chibited or other non-<br>gnature of Appointed Treat   | -disclosed     | funds. I fur  | ther certify that    Z   Z   Z   Z   Z   Z   Z   Z   Z |
| Jaspan  | Name of Candidate                          | - four            | Signature of Candidate   | 7              | 7 =1          | Date   |
| Printed   | Name of Candidate                          | 1100              | Signature of Candidate   |                | <del>_</del>  | Date   |

CRO-2100A

NC State Board of Elections

November 2019



## **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).

| 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: Jaspiv Freming  |  |  |  |  |  |  |  |
| Candidate Name: Jasper Freming for Durine school Borrd  Treasurer Name: Jasper Freming  |  |  |  |  |  |  |  |
| Treasurer Name: Jasper Freming  |  |  |  |  |  |  |  |
| If Candidate is own treasurer, designate an agent to carry out designations:  |  |  |  |  |  |  |  |
| Committee ID #:   |  |  |  |  |  |  |  |
| Level Registered: [State] [County] If county, specify:  |  |  |  |  |  |  |  |
| I, Jasev Flemin, 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))  1. Power & Entity (Select from \$163-278.16B(a))  2  |  |  |  |  |  |  |  |
| 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:    N PERSON   FEB 2.0.  |  |  |  |  |  |  |  |
| DURHAM BOE  |  |  |  |  |  |  |  |