

RECEIVED
JUL 28 2017

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 BY: _____

a. Full Name COMMITTEE TO ELECT HELEN D. THOMPSON		c. ID Number 3HC1y1
b. Mailing Address (include City, State and Zip Code) 133 KING STREET BELL FORK HOMES JACKSONVILLE, NC 28540-7026		d. Date Organized 7/28/2017
		e. Phone Number 910-347-1621

2. Candidate Information Candidate's Primary Committee

a. Full Name HELEN D. THOMPSON		e. Candidate ID Number 3HC1y1	f. Party Affiliation NONPARTISAN
b. Mailing Address (include City, State, and Zip Code) 133 KING STREET BELL FORK HOMES		g. Office Sought COJ- COUNCILMAN AT LARGE	
c. Phone Number 910-347-1621	d. Email Address hthompson4@ec.rr.com	h. Next Election Year 2017	i. Jurisdiction ONslow COUNTY
<input type="checkbox"/> Email copy of notices			

3. Treasurer Information **4. Custodian of Books Information**

a. Full Name GWENDOLYN R. SLADE		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 234 NEWPORT DRIVE JACKSONVILLE, NC 28540		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 910-330-5530	d. Email Address Divagranny99@ec.rr.com	c. Phone Number	d. Email Address
I prefer to receive my notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	

5. Assistant Treasurer Information Add Remove **6. Account Information** (incl. CRO-3500) Add Remove

a. Full Name		a. Financial Institution Full Name COASTAL BANK & TRUST 2414 N. MARINE BLVD. JACKSONVILLE, NC	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose CAMPAIGN FUNDS	
c. Phone Number	d. Email Address	c. Account Code HT	d. Type CHECKING
<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.

Gwendolyn Slade Printed Name of Signer Gwendolyn Slade Signature of Appointed Treasurer 7/28/2017 Date



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 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: HELEN D. THOMPSON
 Treasurer Name: GWENDOLYN R. SLADE
 Treasurer Address: 234 NEWPORT DRIVE
 (include city, state, & zip) JACKSONVILLE
NC
28540
 Treasurer Phone: 910-330-5530 (cell) 910-346-8565 (home)

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).

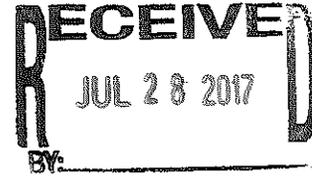
7/28/2017
 Date Signed

Helen D. Thompson
 Signature of Candidate

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 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: COMMITTEE TO ELECT HELEN D. THOMPSON
 Treasurer Name: GWENDOLYN R. SLADE
 Treasurer Address: 234 NEWPORT DRIVE
 (include city, state, & zip) JACKSONVILLE
NC
28540
 Treasurer Phone: 910-330-5530 (cell) 910-346-8565 (home)

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 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.

7/28/2017
 Date Signed

Helen D. Thompson
 Signature

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



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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: HELEN D. THOMPSON
 Committee Name: COMMITTEE TO ELECT HELEN D. THOMPSON
 Treasurer Name: GWENDOLYN R. SLADE

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

Committee ID #: 3HC1y1
 Level Registered: [State] (County) If county, specify: ONSLOW

I, HELEN D. THOMPSON hereby direct that in the event of my
 (Name of Candidate)

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).

<u>Name of Entity</u> <i>(Select from §163-278.16B(a))</i>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>ONSLOW COUNTY WOMEN'S SHELTER</u>	<u>50%</u>
2. <u>ONSLOW COUNTY SOUP KITCHEN</u>	<u>50%</u>
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:

Helen D. Thompson

Date:

7/28/17

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