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JUL 31 2019

# Statement of Organization - Candidate Committee

Amendment

Yes  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 Committee to Elect Laurent Meilleur		c. ID Number JHC2KJ
b. Mailing Address (include City, State and Zip Code) 220 River Reach Dr. Swansboro, NC 28584		d. Date Organized 07/17/2019
		e. Phone Number 1-919-619-6752

## 2. Candidate Information Candidate's Primary Committee

a. Full Name Laurent Paul Meilleur		c. Candidate ID Number JHC2KJ	f. Party Affiliation Non-partisan <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) 220 River Reach Dr. Swansboro, NC 28584		g. Office Sought Town of Swansboro Commissioner	
c. Phone Number 1-919-619-6752	d. Email Address laurentforswansboro@gmail.com	h. Next Election Year 2019	i. Jurisdiction
<input checked="" type="checkbox"/> Email copy of notices			

## 3. Treasurer Information

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

## 4. Custodian of Books Information

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

I prefer to receive notices by email  Yes  No  Email copy of notices

## 5. Assistant Treasurer Information Add Remove

a. Full Name N/A			
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number			
d. Email Address			
<input type="checkbox"/> Email copy of notices			

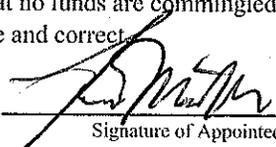
## 6. Account Information (incl. CRO-3500) Add Remove

a. Financial Institution Full Name State Employee's Credit Union	
b. Purpose Campaign Funds	
c. Account Code L4S	d. Type Checking

## 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.

Laurent Meilleur  
Printed Name of Signer

  
Signature of Appointed Treasurer

July 30, 2019  
Date



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### 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: Laurent Meilleur  
Treasurer Name: Laurent Meilleur  
Treasurer Address: 220 River Reach Dr.  
(include city, state, & zip) Swansboro, NC 28584  
Treasurer Phone: 1-919-619-6752

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).

July 30, 2019

Date Signed

Signature of Candidate



# NORTH CAROLINA

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## STATE BOARD OF ELECTIONS

### 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: Committee to Elect Laurent Meilleur

Treasurer Name: Laurent Meilleur

Treasurer Address: 220 River Reach Dr.  
(include city, state, & zip) Swansboro, NC 28584

Treasurer Phone: 1-919-619-6752

#### Check One:

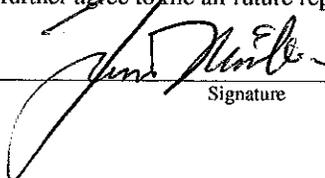
I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 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.

July 30, 2019

Date Signed

  
Signature



# NORTH CAROLINA STATE BOARD OF ELECTIONS

## 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).

**This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.**

Candidate Name: Laurent Meilleur

Committee Name: Committee to Elect Laurent Meilleur

Treasurer Name: Laurent Meilleur

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

Committee ID #: \_\_\_\_\_

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

I, Laurent Meilleur, hereby direct that in the event of my death or incapacity all  
(Name of Candidate)

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 <i>(Select from §163-278.16B(a))</i>	Plan for Disbursement (eg. Amount or %)
1. <u>Swansboro Historical Association</u>	<u>100%</u>
2. _____	_____
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: July 30, 2019