

# Statement of Organization - Referendum Committee

Amendment

Yes  No

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

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
FOR A BETTER SWANSBORO			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
220 River Reach Dr Swansboro NC 28584		Oct 30 2015	
		e. Phone Number	
		919-619-6732	
<b>2. Referendum Information</b>			
a. Full Name		b. Date of Referendum	c. Declaration
Town of Swansboro Charter Amendment		Nov. 2 2015	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
Laurent Meilleur			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
220 River Reach Dr Swansboro NC 28584		SAME	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-619-6732	laurent.meilleur@gmail.com		
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	b. Purpose
D/A		PNC, Jacksonville NC	check - PAC Funds
b. Mailing Address (include City, State, and Zip Code)		c. Account Code	d. Type
		<del>6100</del> FAB3	check -
c. Phone Number	d. Email Address		
<input checked="" type="checkbox"/> Email copy of notices			
<b>CERTIFICATION</b>			
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			Nov. 2 2015
Printed Name of Signer		Signature of Appointed Treasurer	Date

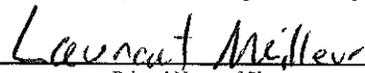
**RECEIVED**  
OCT 30 2015

### 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).

Amendment  
 Yes     No

<b>1. Committee Information</b>					
a. Full Name			c. ID Number		
FOR A BETTER SWANSBORO					
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
220 River Reach Dr			10/30/15		
Swansboro NC 28584			e. Phone Number		
			919-619-6752		
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
<input type="checkbox"/> Email copy of notices					
<b>3. Treasurer Information</b>			<b>4. Custodian of Books Information</b>		
a. Full Name			a. Full Name		
Laurent Meilleur					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
220 River Reach Dr					
Swansboro NC 28584					
c. Phone Number	d. Email Address	c. Phone Number		d. Email Address	
919-619-6752	laurent.meilleur@gmail.com				
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Email copy of notices		
<b>5. Assistant Treasurer Information</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>6. Account Information</b> (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
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					
<b>CERTIFICATION</b>					
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.					
 Printed Name of Signer		 Signature of Appointed Treasurer		Oct. 30 2015 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 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:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

Leurent Meilleur  
 220 River Reach Dr  
 Sawensboro NC 28584  
 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).

Oct 30 2015  
 Date Signed

Signature of Candidate