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MOORE COUNTY PUBLIC COPY

FEB 04 2014

Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	c. ID Number
MARKHAM FOR CLERK	M
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
435 N. Bennett St. Southern Pines, N.C. 28387	1-31-14
	e. Phone Number
	910-215-3681

2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	e. Candidate ID Number	f. Party Affiliation	
Doyle Glenn Markham		Republican (Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought		
PO Box 1381 Southern Pines N.C. 28388	CLERK OF SUPERIOR COURT		
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
910-215-3681	markhamforclerk@gmail.com		
<input type="checkbox"/> Email copy of notices			

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name	b. Mailing Address (include City, State, and Zip Code)	a. Full Name	b. Mailing Address (include City, State, and Zip Code)
Rebecca Keith Talbert	295 Tyson Ln Carnage NC 28327	Rebecca Keith Talbert	295 Tyson Ln Carnage NC 28327
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-690-7342	haokrzy nut@yahoo.com	910-690-7342	haokrzy nut@yahoo.com

I prefer to receive notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name	b. Mailing Address (include City, State, and Zip Code)	a. Financial Institution Full Name	b. Purpose
Stephen Franklin Talbert	295 Tyson Lane Carnage NC 28327	FIRST BANK	ORGANIZATION - CAMPAIGN
c. Phone Number	d. Email Address	c. Account Code	d. Type
910-690-4832	stephentalberrt@embargmail.com	M	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.

Rebecca Keith Talbert Rebecca Keith Talbert 1-31-14
 Printed Name of Signer Signature of Appointed Treasurer Date



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

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FEB 04 2014

COORE BOX

Kim Westbrook Strach
 Executive Director

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

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: Doyle G. Markham
 Treasurer Name: Rebecca Keith Talbert
 Treasurer Address: 295 Tyson Ln
 (include city, state, & zip) Carrhage NC 28327

 Treasurer Phone: 910-690-7342

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).

1-31-14
 Date Signed

Signature of Candidate

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



North Carolina
State Board of Elections
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Raleigh, NC 27603

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Kim Westbrook Strach
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Fax: (919) 715-8047

Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

FILED BY:

Committee Name: MARKHAM FOR CLERK
Treasurer Name: Rebecca Keith Talbert
Treasurer Address: 295 Tyson Lane
(include city, state, & zip) Carrnage NC 28327
Treasurer Phone: 910-690-7342

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. **Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on reports.** If an account number is used as the "account code," confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	FIRST BANK	Pinecrest Plaza Branch 46 Pinecrest Plaza Southern Pines NC 28387	XXXXXXXXXX	M

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

1-31-14
Date Signed

[Signature]
Signature of Candidate or Treasurer

For Candidate Committees Only

- In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

By signing this statement, I authorize agents of the State Board of Elections to inspect applicable accounts.

Date Signed

Signature of Candidate or Treasurer



North Carolina
State Board of Elections
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Raleigh, NC 27603

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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: Doyle G. MARKHAM

Committee Name: MARKHAM FOR CLERK

Treasurer Name: Rebecca Keith Talbert

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

Committee ID #: M

Level Registered: [State] [County] If county, specify: N.C. MOORE

I, Doyle G. MARKHAM, 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 (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>MARKHAM FOR CLERK</u>	<u>MOORE COUNTY REPUBLICAN PARTY</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: [Handwritten Signature]

Date: 1-31-14

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

Disclosure Report Cover

Amendment
 Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information	
a. Full Name MARKHAM FOR CLERK	c. ID Number M
b. Mailing Address (include City, State and Zip Code) 435 N. Bennett St. Southern Pines, N.C. 28387	d. Date Filed FEB 04 2014 1-31-14 2-4-14
	e. Phone Number 910-215-3681

2. Report Year 2014	3. Period Start Date (mm/dd/yy) 1-31-14	4. Period End Date (mm/dd/yy) 2-4-14	5. Treasurer Full Name Rebecca Keith Talbert
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> First	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> Second	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Third	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Fourth	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Final	<input type="checkbox"/> Final	
		<input type="checkbox"/> Special	<input type="checkbox"/> Special	
7. Type of Fund (Applicable check one)		10. Special Report Name		
<input type="checkbox"/> Booster Fund				
<input type="checkbox"/> Building Fund				
<input checked="" type="checkbox"/> Other: CAMPAIGN				
8. Number of Fundraisers (this Report) 0				

11. Account Information		11. Account Information	
a. Financial Institution Full Name FIRST BANK	a. Financial Institution Full Name	b. Purpose CAMPAIGN	b. Purpose
c. Account Code M	c. Account Code	d. Period Begin Balance \$ 0	d. Period Begin Balance

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 and that I have been trained by the NC State Board of Elections.

Rebecca Keith Talbert Rebecca Keith Talbert 1-31-14
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 2/4/14 Employee: [Signature] Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: _____ Employee: _____
 Date Scanned: _____ Employee: _____
 Date Data Entered: _____ Employee: _____
 Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Markham For Clerk		Org			
Start of Election Cycle: January 1, 2014		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 1,000.00		\$ 1,000.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 1,000.00		\$ 1,000.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$		\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 0		\$ 0	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,000.00		\$ 1,000.00	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

Contributions from Individuals

Pg 1 of 1

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number
Markham for Clerk						m
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Doyle H. MARKHAM 435 N. Bennett St. Southern Pines, NC 28387			ACCOUNTANT			
			c. Employer's Name/Specific Field			
			The Markham Group		e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	m	check		1-31-14	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Linda S. MARKHAM 435 N. Bennett St. Southern Pines, N.C. 28387			RN			
			c. Employer's Name/Specific Field			
			Dr. Alan + Diane Sub m		e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	m	check		1-31-14	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1000.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 1000.00	