

RECEIVED

DEC 10 2015

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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).

MOORE BOE

<b>1. Committee Information</b>					
a. Full Name <i>Committee to Elect Bruce Cunningham</i>				c. ID Number <i>YH4401</i>	
b. Mailing Address (include City, State and Zip Code) <i>545 Orchard Rd Southern Pines, N.C. 28387</i>				d. Date Organized <i>12/1/15</i>	
				e. Phone Number <i>910-693-3999</i>	
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name <i>Bruce Cunningham</i>			e. Candidate ID Number		f. Party Affiliation <i>Dem</i> <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) <i>545 Orchard Rd Southern Pines, N.C. 28387</i>			g. Office Sought <i>Bd of Education</i>		
c. Phone Number <i>910-693-3999</i>		d. Email Address <i>bt Cunningham545@9999</i>		h. Next Election Year <i>Nov 2016</i>	
				i. Jurisdiction <i>Moore County</i>	
<input type="checkbox"/> Email copy of notices					
<b>3. Treasurer Information</b>			<b>4. Custodian of Books Information</b>		
a. Full Name <i>Dianne Dann</i>			a. Full Name		
b. Mailing Address (include City, State, and Zip Code) <i>2500 Winford Cir. West End, N.C. 27376</i>			b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number <i>910-673-5500</i>		d. Email Address <i>ddann1954@gmail.com</i>		c. Phone Number	
				d. Email Address	
<input type="checkbox"/> 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) <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name			a. Financial Institution Full Name <i>Branch Banking &amp; Trust Renoir St. Carthage, N.C.</i>		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose <i>Campaign operations</i>		
c. Phone Number		d. Email Address		c. Account Code <i>1</i>	
				d. Type <i>checking</i>	
<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.					
<i>Bruce Cunningham</i> Printed Name of Signer			<i>Bruce Cunningham</i> Signature of Appointed Treasurer		<i>12/10/15</i> Date
			<i>Candidate</i>		

910



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: Bruce Cunningham  
 Treasurer Name: Diane Dann  
 Treasurer Address: 3500 Winstford Cir  
 (include city, state, & zip) West End, N.C.  
27376  
 Treasurer Phone: 910-673-5500

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).

12/1/15  
 Date Signed

Bruce Cunningham  
 Signature of Candidate



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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.

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 Bruce Cunningham  
 Treasurer Name: Dianne Dann  
 Treasurer Address: 2500 Winford Cir  
 (include city, state, & zip) West End, NC  
27376  
 Treasurer Phone: 910-673-5500

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.

12/9/15  
Date Signed

Bruce Cunningham  
Signature