Statement of Organization - Candidate C	Junitities 4	FEB 1 2 2018	Amendment Yes No
Use this form to create a new or update an existing candidate This form must be accompanied by forms CRO-3100 and CF	committee.	Ming only re⊸	Mornit if applicable)
1. Committee Information	CO 3300 (Which talls)	E LOS	дыни и аррисаоте).
a. Full Name		c.	ID Number
Terri Sessoms for School Board		3	SGHNAD
b. Mailing Address (include City, State and Zip Code)			Date Organized
PO Box 449		Į	Feb. 5, 2018
Smithfield, NC 27577		e.	Phone Number
			119.938-9112
2. Candidate Information	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		rimary Committee
a. Full Name	e. Candidate ID Numb		Party Affiliation
Terri Sessoms		1	Democrat
(Theresa B. Sessoms)		(L	ndicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	7	
PO Box 449 Smithfield, NC 27577 c. Phone Number d. Email Address	board of 8	ducation	n - Johnston County
c . Phone Number d. Email Address	h. Next Election Year	i. Juris	diction
919.938-9112 terri joco school board & gm	ail. com 2018-	22 At	large unstan County
3. Treasurer Information	4 Custodian of Da	ola Informati	instan County
a. Full Name	4. Custodian of Bo	oks informati	on <u>0</u>
Mary P. Braswell b. Mailing Address (include City, State, and Zip Code)		-	•
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
403 Behnett-Drive			
Se Ma, NC 27576 c. Phone Number d. Email Address			
d. Email Address 919-812-8218 Mpbraswell @aol.com	c. Phone Number	d. Email Addres	S
I prefer to receive notices by email Yes No	☐ Email copy o	f notices	
5. Assistant Treasurer Information	6. Account Inform	ation (incl. C	(RO-3500)
a. Full Name Remove	a. Financial Institution	Full Name	☐ Remove
	Four Oak	5 Bank	+ Dispersements
b. Mailing Address (include City, State, and Zip Code)	b. Purpose		
	Collection D	uposits.	Dispersements
	of Campan	Sn Contr	buttons
c. Phone Number d. Email Address	c. Account Code	d. Type	
	656991650KL	Recom	1 (separate from
	1TS	1	of Cseparate from my FCB account
☐ Email copy of notices CERTIFICATION	110		personal
I certify that the Committee or Fund is in compliance with Chapter 163 of the NC General Statutes and that no funds a I further certify that this report is complete, true and correct	are commingled with		
Mary P. Braswell Mantherwell 2-12-18			
Printed Name of Signer Sig	nature of Appointed Trea	surer	Date



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:	Terri Sissoms
Treasurer Name:	Mary P. Braswell
Γreasurer Address:	403 Bennett Drive
include city, state, & zip)	Selma, NC 27576
Γreasurer Phone:	919-812-8248

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).

Feb. 12, 2018 Date Signed

Signature of Candidate