

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				c. ID Number	
The Committee to Elect Dimple Ajmera					
b. Mailing Address (include City, State and Zip Code)				d. Date Organized	
6528 Matlea Ct. Charlotte, NC 28215				07/22/16	
				e. Phone Number	
				(704) 956-7114	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
Dimple Ajmera				Democrat	
				(Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
6528 Matlea Ct, Charlotte, NC 28215					
c. Phone Number	d. Email Address		h. Next Election Year	i. Jurisdiction	
(704) 956-7114	DTAJMERA@YAHOO.COM		2017	Mecklenburg	
<input type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
Kingsly Fombuh					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
6760 Poppy Hills Ln Charlotte, NC 28226					
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address	
(508) 826-2266	Kingslyfm@yahoo.com				
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Email copy of notices		
5. Assistant Treasurer Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	6. Account Information (incl. CRO-3500)		<input type="checkbox"/> Add <input type="checkbox"/> Remove
a. Full Name			a. Financial Institution Full Name		
			Bank of America		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
MECKLENBURG COUNTY JUL 22 2016			Campaign Finance		
c. Phone Number	d. Email Address		c. Account Code	d. Type	
	BOARD OF ELECTIONS		A	Checking Account	
<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.					
KINGSLEY FOMBUH		Kingsly Fombuh		7/22/16	
Printed Name of Signer		Signature of Appointed Treasurer		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: Dimple Ajmera
 Treasurer Name: Kingsly Fombuh
 Treasurer Address: 6760 Poppy Hills Lane
 (include city, state, & zip) Charlotte, NC 28226

 Treasurer Phone: (508) 826-2266

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).

7/22/16
 Date Signed

Signature of Candidate



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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).

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

Candidate Name: Dimple Ajmera
 Committee Name: The Committee to Elect Dimple Ajmera
 Treasurer Name: Kingsly Fombuh
 If Candidate is own treasurer, designate an agent to carry out designations: _____
 Committee ID #: _____
 Level Registered: [State] [County] If county, specify: _____

I, Dimple Ajmera, 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 <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>SEF International</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: 07/22/16