

COPY

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	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

1. Committee Information		2. Candidate Information	
a. Full Name Committee to Elect Mike Hunger		c. ID Number 2013 JUL 22 AM 11:45	
b. Mailing Address (include City, State and Zip Code) 6221 Hickory Creek Road Winston-Salem, NC 27107		d. Date Organized 7/15/2013	
		e. Phone Number 336-782-2244	
3. Candidate Information		4. Candidate Information	
a. Full Name Charles Michael "Mike" Hunger		c. Candidate ID Number 8CQ93E	
		f. Party Affiliation Republican <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code) 6221 Hickory Creek Road Winston-Salem, NC 27107		g. Office Sought City Council - Southeast Ward	
c. Phone Number 336-782-2244	d. Email Address ctemh13@earthlink.net	h. Next Election Year 2013	i. Jurisdiction
<input checked="" type="checkbox"/> Email copy of notices			
5. Bank Information		6. Bank Information	
a. Full Name Sara Blackburn		b. Full Name	
b. Mailing Address (include City, State, and Zip Code) 2261 King George Court Winston-Salem, NC 27103		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 336-776-5374	d. Email Address sarablackburn62@gmail.com	c. Phone Number	d. Email Address
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
a. Full Name		b. Full Name	
		Fidelity Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Campaign Funds	
c. Phone Number	d. Email Address	c. Account Code CCMH1	d. Type 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.			
<u>Sara Blackburn</u> Printed Name of Signer		<u>Sara Blackburn</u> Signature of Appointed Treasurer	
		<u>7/21/2013</u> Date	

CRO-2100A

NC State Board of Elections

May 2011



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

COPY
TORSYTH COUNTY
ELECTIONS

2013 JUL 22 AM 11:45

RECEIVED

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:

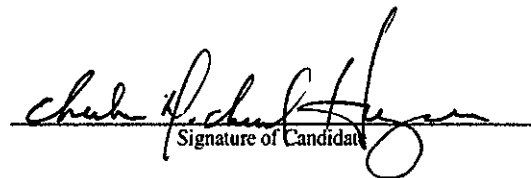
Candidate Name: Charles Michael "Mike" Hunger
Treasurer Name: Sara Blackburn
Treasurer Address: 2261 King George Court
(include city, state, & zip) Winston-Salem, NC 27103
Treasurer Phone: 336-776-5374

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).

7/20/2013

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
441 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

2013 JUL 22 AM 11:45

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(919) 733-7173
Fax: (919) 715-8047

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: Charles Michael "Mike" Hunger

Committee Name: Committee to Elect Mike Hunger

Treasurer Name: Sara Blackburn

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

Committee ID #: _____

Level Registered: [State] [County] If county, specify: Forsyth

I, Charles Michael "Mike" Hunger, 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).

<u>Name of Entity</u> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Campaign Contributors</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: _____

7/20/2013

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