

COPY

Statement of Organization

1. Name of Committee MISCHI BINKLEY FOR NC HOUSE 72						7. Date 7-19-2002
2. Address of Committee 1143 MILLER ST						8. ID Number
3. City WINSTON-SALEM	4. State NC	5. Zip 27103	6. Phone 336 777-1812	9. Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Type of Committee (Check one and complete the respective information required below.)

10. Candidate Committee Primary Candidate Committee

(If office sought is nonpartisan, write "Nonpartisan" in (d) Party Affiliation.)

a. Name of Candidate	b. Candidate ID Number	c. Office	d. Party Affiliation	e. Dist/Cty/Mun
MISCHI BINKLEY		NC HOUSE	DEM	72

11. Joint Candidate Committee or Fundraiser Primary Candidate Committee

a. If Fundraiser, Name of Event		b. If Fundraiser, Event Location		
c. Candidate Names	d. Candidate ID Number	e. Office	f. Party Affiliation	g. Share of Profits
				%
				%
				%
				%

12. Party Committee

a. Type (Check one) <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Subordinate	b. Party

13. General Political Committee

a. Category (Check one)

<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Conservative/Liberal	<input type="checkbox"/> Health	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Trade
<input type="checkbox"/> Building/Real Estate	<input type="checkbox"/> Environment	<input type="checkbox"/> Insurance	<input type="checkbox"/> Minority	<input type="checkbox"/> Utilities
<input type="checkbox"/> Religious	<input type="checkbox"/> Get Out the Vote	<input type="checkbox"/> Legal	<input type="checkbox"/> Information Tech/Telecommunications	
<input type="checkbox"/> Political Party not part of the Party Plan of Organization		<input type="checkbox"/> Other:		

b. Type (Check one)
 Parent Entity Political Purpose Economic Interest

c. Definition of Type

d. Member Definition

Connected Organization or Affiliated Committee

e. Name	f. Mailing Address (include city, state, & zip)	g. Relationship

14. Referendum Committee

a. Name of Referendum	b. Referendum Date	c. Declaration (Check one) <input type="checkbox"/> Support <input type="checkbox"/> Oppose

Statement of Organization

15. Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
DAVID MICKEY	332 SHADY GROVE CHURCH ROAD	WINSTON-SALEM	NC	27167	(336) 769-0955
g. Email Address: HEELSRNMI1@AOL.COM					

16. Assistant Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
g. Email Address:					

17. Custodian of Books Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
MISCH BINICKEY	1143 MILLER ST	WINSTON-SALEM	NC	27103	336 777-1812
g. Email Address:					

18. Bank/Depository/Credit Account Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Acct Type & Number
FIRST CITIZENS	P.O. BOX 5537	WINSTON-SALEM	NC	27113-5539	CHECKING
g. Purpose: CAMPAIGN EXPENSES					
h. Code:					

19. Certification of Threshold *(for Candidate and Party Committees Only)*

- I certify that this committee intends to neither receive nor expend more than \$3,000 during the campaign under the procedures set forth in G.S. 163-278.10A. This certification will remain until the end of the election cycle for this committee. I further understand that should the above circumstances change at any time during the election cycle, it will be necessary for the person responsible for filing financial reports to immediately notify the appropriate Board of Elections Campaign Reporting Office and to commence filing campaign reports with the next scheduled report; such report to include all funds received and spent since the beginning of the committee's current election cycle. By checking this box, I am not required to file an organizational report.
- I am amending this Statement of Organization to withdraw my Certification to remain under the \$3000 threshold. I will now be required to file a report of all contributions and expenditures from the beginning of the election cycle that have not been previously reported. This report will be referred to as a "Threshold Report". I further agree to file all future reports required.

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

David Mickey
Signature of Appointed Treasurer of Candidate

7/22/02
Date