

Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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 Vote 4 Kimberly RECEIVED			c. ID Number JCQX42		
b. Mailing Address (include City, State and Zip Code) 135 #5 E. Wall St. Rural Hall, NC 27045-9288			d. Date Organized 07/16/2013		
			e. Phone Number 969-4459		
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name Kimberly Hinton-Robinson		e. Candidate ID Number JCQX42		f. Party Affiliation Democrat	
b. Mailing Address (include City, State, and Zip Code) 135 E Wall St., Rural Hall #5 27045		g. Office Sought City Council		(Indicate Non-partisan if applicable)	
c. Phone Number 969-4459	d. Email Address rhinton@htrail.com	h. Next Election Year 2013	i. Jurisdiction Rural Hall		
<input type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name Kimberly Hinton-Robinson			a. Full Name N/A		
b. Mailing Address (include City, State, and Zip Code) 135 #5 E. Wall St. Rural Hall, NC 27045			b. Mailing Address (include City/State, and Zip Code) N/A		
c. Phone Number 969-4459	d. Email Address rhinton@htrail.com	c. Phone Number N/A	d. Email Address N/A		
I prefer to receive notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500)		
a. Full Name N/A			a. Financial Institution Full Name N/A		
b. Mailing Address (include City, State, and Zip Code) N/A			b. Purpose N/A		
c. Phone Number N/A	d. Email Address N/A	c. Account Code N/A	d. Type N/A		
<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.					
Kimberly Hinton-Robinson		Kimberly Hinton-Robinson		July 26, 2013	
Printed Name of Signer		Signature of Appointed Treasurer		Date	



FORCYPH COUNTY
REGISTRATION

North Carolina 2013 JUL 26 AM 11:42
State Board of Elections RECEIVED
441 N Harrington Street
Raleigh, NC 27603

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:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Kimberly Hilton-Robinson
Kimberly Hilton-Robinson
135# 15 E. Wall St.
Coral Hall, NC 27045-9000

Treasurer Phone:

336) 909-4459

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).

July 26, 2013
Date Signed

Kimberly Hilton-Robinson
Signature of Candidate

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



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Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

FILED BY:

Committee Name:

VOTE 4 Kimberly

Treasurer Name:

Kimberly Hinton-Robinson

Treasurer Address:

135 #15 E. Wall St.

(include city, state, & zip)

Rural Hall, NC 27245-9884

Treasurer Phone:

(336) 969-4459

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. **Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on reports.** If an account number is used as the "account code," confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
<i>No Account set-up yet.</i>				

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided

July 26, 2013
Date Signed

Kimberly Hinton-Robinson
Signature of Candidate or Treasurer

For Candidate Committees Only

- In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

By signing this statement, I authorize agents of the State Board of Elections to inspect applicable accounts.

Date Signed

Signature of Candidate or Treasurer



FORSYTH COUNTY
REGISTRATION DIVISION

2013 JUL 26 AM 11:42

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Raleigh, NC 27603

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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).

Candidate Name: Kimberly Hinton-Robinson

Committee Name: Vote 4 Kimberly

Treasurer Name: Kimberly Hinton-Robinson

If Candidate is own treasurer, designate an agent to carry out designations: ARRY N. WOMBLE

Committee ID #: _____

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

I, Kimberly Hinton-Robinson
(Name of Candidate) hereby direct that in the event of my death or incapacity all 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 (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
<u>LEVINCO IS FINALLY ENJOYABLE, I.R.C.</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: Kimberly Hinton-Robinson

Date: July 26, 2013

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