

# 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

☐ Yes

☐ No

### 1. Committee Information

a. Full Name <b>Vote 4 Kimberly</b>	c. ID Number <b>5CQX42</b>
b. Mailing Address (include City, State and Zip Code) <b>135 #5 E. Wall St. Rural Hall, NC 27045-9408</b>	d. Date Organized <b>10/10/13</b>
	e. Phone Number <b>336) 969-4459</b>

### 2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name <b>Kimberly Hinton-Robinson</b>	e. Candidate ID Number	f. Party Affiliation <b>Democrat</b> (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code) <b>135 #5 E. Wall St. Rural Hall, NC 27045</b>	g. Office Sought <b>Town Council</b>	
c. Phone Number <b>336) 969-4459</b>	d. Email Address <b>hintonking@hotmail.com</b>	h. Next Election Year <b>2013</b>
<input type="checkbox"/> Email copy of notices		i. Jurisdiction <b>Rural Hall</b>

### 3. Treasurer Information

a. Full Name <b>Joe Daniels</b>	a. Full Name <b>Joe Daniels</b>
b. Mailing Address (include City, State, and Zip Code) <b>725 Morris Rd. Winston-Salem, NC 27081</b>	b. Mailing Address (include City, State, and Zip Code) <b>725 Morris Winston-Salem, NC 27081</b>
c. Phone Number <b>336) 529-2383</b>	c. Phone Number <b>336) 529-2385</b>
d. Email Address <b>N/A</b>	d. Email Address <b>N/A</b>

I prefer to receive notices by email ☐ Yes ☒ No ☐ Email copy of notices

### 5. Assistant Treasurer Information

☐ Add  
☐ Remove

a. Full Name <b>N/A</b>	a. Financial Institution Full Name <b>N/A NC State Credit Union</b>
b. Mailing Address (include City, State, and Zip Code) <b>N/A</b>	b. Purpose <b>N/A Campaign</b>
c. Phone Number <b>N/A</b>	c. Account Code <b>13931A</b>
d. Email Address <b>N/A</b>	d. Type <b>Checking</b>

☐ 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** Printed Name of Signer  
**Kimberly Hinton-Robinson** Signature of Appointed Treasurer  
**10/10/13** Date

COPY



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

FORSYTH COUNTY  
BOARD OF ELECTIONS

2013 OCT 10 PM 2:32

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:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

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).

10/10/13  
Date Signed

Kimberly H. Robinson  
Signature of Candidate

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