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 CR		nly to submit if applicable).
f. Comunities information.	de de alle entre anda de alcon	AND SALES OF THE PROPERTY OF T
a. Full Name	Xis2803	H De 5D Number
ROBERT BULTMAN FOR WINSTE	SPRETUEIVE	-n
b. Mailing Address (include City, State and Zip Code)		d. Date Organized
223 MONTPELIER DR.		7/18/13
KINSTON-SALEM, NC		e. Phone Number
27103		336-782-0539
2 Candidate Information		date (Primary Committee 1973)
a. Foll Name	e. Candidate ID Number	r. Party Amiliation
ρ ρ ρ	000700	REPUBLICAN
ROBERT OH BULTMAN	900790	(Indicate Non-partican if applicable
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
223 MONTPELIEL DR., NC, 27103	11/ 50000	SOUTH WEST WALD
The state of the s	A to the the above compared to the form	
c. Phone Number d. Email Address	h. Next Election Year	i. Jurisdiction
336-782-0539 ROBALTMAN BATT. NET		
Email copy of notices		
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223 MONTPELIER DR	223 MONTPELIER	
WINSTON- SREM, NC 27103	WINSTEN- SALEM	NC X 1103
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334-782-6539 ROBULTMAND ATT. NET	336-782-0539 Rol	BULTMAN QAIT. NET
I prefer to receive notices by email Yes No	Email copy of notic	
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a. Full Name	a. Financial Institution Full Na	
	151327	
b. Mailing Address (include City, State, and Zip Code)	b. Purpose	
	COMMITTE CHECK	ار در
	COMMITTE CITECO	
c. Phone Number d. Email Address	c. Account Code d. Type	
		HECKING
Email copy of notices	+ O'	//C C/C/NO
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 I further certify that this report is complete, true and correct		ited or other non-disclosed funds.
	MA H	-10-1-
KOBERT JULIMAN KOL	et / Julhan	
Printed Name of Signer Si	gnature 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 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:	α	
Candidate Name:	KOBERT BUTMAN	
Treasurer Name:	ROBERT BULTMAN	
Treasurer Address:	223 MONTPERIER DR.	
(include city, state, & zip)	WINSTON-SAIRM XIC 27103	
	•	
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).

7/25/13 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 RECEIVED

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

CRO-3900

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

May 2013

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: KOBENT BULCMAN		
Committee Name: ROBERT BUSTMAN FOR WINSTON - SALEM		
Treasurer Name: Robert Buctman		
If Candidate is own treasurer, designate an agent to carry out designations: MATHEN JONES		
Committee ID #:		
Level Registered: [State] [County] If county, specify: FORSYTH		
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 %)		
1. FORSTTH REPUBLICAN PARTY 100%		
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: 7/25/13		
Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.		

Candidate Designation of Committee Funds