

# 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>Friends of Norman Holloman</b>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <b>1520 Down Street WIS, N.C. 27127</b>	d. Date Organized <b>2/6/12</b>
	e. Phone Number <b>(336) 405-8104</b>

### 2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name <b>Charles Norman Holloman</b>	e. Candidate ID Number	f. Party Affiliation <b>Democrat</b> <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) <b>1520 Down Street WIS, N.C. 27127</b>	g. Office Sought <b>Forsyth Co. Register of Deeds</b>	
c. Phone Number <b>(336) 405-8104</b>	d. Email Address <b>normanholloman@gmail.com</b>	h. Next Election Year <b>2012</b>
<input type="checkbox"/> Email copy of notices		i. Jurisdiction <b>Forsyth County</b>

### 3. Treasurer Information

a. Full Name <b>Barbara Martin Kane</b>	b. Mailing Address (include City, State, and Zip Code) <b>376 Park Blvd Winston Salem NC 27127</b>
c. Phone Number <b>804/382-3896</b>	d. Email Address <b>bkanerod1@gmail.com</b>

### 4. Custodian of Books Information

a. Full Name	b. Mailing Address (include City, State, and Zip Code)
c. Phone Number	d. Email Address

I prefer to receive notices by email ☒ Yes ☐ No

☐ Email copy of notices

### 5. Assistant Treasurer Information

a. Full Name	b. Mailing Address (include City, State, and Zip Code)
c. Phone Number	d. Email Address

☐ Email copy of notices

### 6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name <b>BB &amp; T</b>	b. Purpose <b>checking for campaign expenses</b>
c. Account Code <b>ROD1</b>	d. Type <b>Business Checking</b>

### 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.

**Barbara M. Kane**  
Printed Name of Signer

**Barbara Kane**  
Signature of Appointed Treasurer

**2/14/12**  
Date



North Carolina  
State Board of Elections

506 N Harrington Street  
Raleigh, NC 27603

Kimberly Westbrook-Strach  
Deputy Director – Campaign Reporting

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: Norman Holleran  
Treasurer Name: Barbara Kane  
Treasurer Address: 376 Park Blvd.  
(include city, state, & zip) Winston-Salem, N.C. 27127  
  
Treasurer Phone: (804) 382-3896

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).

2/14/12  
Date Signed

C. Loren Hall  
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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2012 FEB 14 PM 12:33  
FORSYTH COUNTY  
BOARD OF ELECTIONS



North Carolina  
State Board of Elections  
506 N Harrington Street  
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: Norman Holloman  
Committee Name: Friends of Norman Holloman  
Treasurer Name: Barbara Kane  
If Candidate is own treasurer, designate an agent to carry out designations: \_\_\_\_\_  
Committee ID #: \_\_\_\_\_  
Level Registered: [State] (County) If county, specify: Forsyth

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FORSYTH COUNTY  
BOARD OF ELECTIONS

I, C. Norman Holloman, 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).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Forsyth County Democratic Party</u>	<u>100% after settling all</u>
2. _____	<u>other expenses &amp; loans</u>
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: C. Norman Holloman

Date: 2/14/12

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