

Amendment **⊡**∕№ 🛛 Yes

Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee. Y H COUNTY This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending formly 1.1.

This form must be a	iccompanied by forms CRO-3100	and CRO-5500 (when after	ung, ony	re-subinit if applicable).
1. Committee Info	rmation			
a. Full Name		201 3 2019 - P	n 3:09	c. ID Number
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b. Mailing Address (inc	ude City, State and Zip Code)			d. Date Organized
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				11 Toly 2013 e. Phone Number
11.20 6	Bed Fund 5+			e. Phone Number
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	w-salem, NCZ	7/07		336-284-9836
2. Candidate Infor	mation was continued as a set	anar sais ristan tana sain sain a		e's Primary Committee
a. Full Name		e. Candidate ID Numb	er	f. Party Affiliation
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II B	11" Tartom			(Indicate Non-partican if applicable)
	lude City, State, and Zip Code)	g. Office Sought		Landouic Hon-partical in applicable)
		and Barrier Pourset		
Wington	Proxie St -Salem, NC271	107 Citye	ovali	1 prember
c, Phone Number	d. Email Address	h. Next Election Year		Jurisdiction
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E Email copy of r		2013	6	VINSTON Salem
		1	Aliza Re-C-	
3. Treasurer Infor a. Full Name	паноп	4. Custodian of Bo a. Full Name	UKS INIOPI	
a. Full Manie	· 小学说和武器的问题是这些问题的意思的。 	a. ruii ivaine		其他的第三人称单数是基本的。
	1 Faulkner	Kenny	at an a starter	the tests the tests to be to be a set of the test of
b. Mailing Address (inc	lude City, State, and Zip Code)	b. Mailing Address (inc	lude City, St	ate, and Zip Code)
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Winster	-Salem, HC 2710	7 Winster)- 5a/	em, NC27107
c. Phone Number	d. Email Address	c. Phone Number	d. Email Ad	dress
784-4557	KFA-LKNER SETR	, nel. R.R. LUng		
I prefer to receive	notices by email 🛛 Yes	No Email copy of	f notices	
5. Assistant Treasu	6. Account Inform	ation <i>(in</i>	<i>cl (CRO-3500)</i> Add	
a. Full Name		ove a. Financial Institution	Full Name	Remove
		n11. 1	10	11 Least
h Mailing Address (in a	ude City, State, and Zip Code)	A Hegaly of	<u>ea ()</u>	$(\downarrow (\downarrow)) p \wedge$
o. maning Address (Inc	oue city, state, and zip coue)	ov Em hose		
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c. Phone Number	d. Email Address	c. Account Code	d. Type	
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🗌 🔲 Email copy o	f notices		Chei	4Ging
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.				
K-	HE.IV.		IL	-7 11. 1 A.A.
KENNY H. HAYLKNER K. TH. Faulkn 7-11-2013 Printed Name of Signer Signer Signer Date				
Printee	I Name of Signer	Signadure of Appointed Treas	urer	Date
CRO-2100A	<u>ম</u> ে	State Board of Elections	· · · · ·	May 2011
CAU-4100A	110			11147 2011





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Kim Westbrook Strach Executive Director North Carolina State Board of Elections 441 N Harrington Street Raleigh, NC 27603

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)

the Bill TAtum	
Kenny Faulknon	
1430 Salon LAKa Tid	
Winsten-Salem, MC 27107	

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.

336 784-4857

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).

иU 30/1/20/3 Date Signed

Signature of Candidate

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

Certification of Treasurer



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Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

FILED BY:	The second se
Committee Name:	tt Bill TAtum
Treasurer Name:	Kenny FaulkNer
Treasurer Address:	1430 SAJEMLAKE RD
(include city, state, & zip)	W: NSTON-SAlem, NC27107

Treasurer Phone:

Check One:

L certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

336 784-4857

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. L further agree to file all future reports required.

Date Signed

Signature

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

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047 IT Bill' TAtion Bill Tatum (sommittee Treasurer Name: <u>Kenny Farlkner</u> If Candidate is own treasurer, designate an agent to carry out designations: <u>Kenny H. Faulkner</u>



2013 JUL 11 PH 3: 10North Carolina RECEIVED State Board of Elections 441 N Harrington Street Raleigh, NC 27603

FORSYTH COUNTY

Kim Westbrook Strach Executive Director

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:

Committee Name:

Committee ID #:

[State] [County] If county, specify: Folg(17h. Level Registered:

B:11 Tafum, 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).

Plan for Disbursement (eg. Amount or %)
8070
20%
· ·
tities are eligible beneficiaries under N.C. hould be maintained with the Committee

Bille -1

Signature of Candidate:

Date:

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

Candidate Designation of Committee Funds

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