Statement of Organization - Candidate Committee

Is	this s	tatem	ent:	
	New		Amended	

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

a. Name of Committee LOMM ITEE TO ELECT DERRICK HIND b. Mailing Address (include City, State and Zip Code) HOD AMY LA WACKER TOWN c. Committee Website (Optional) DERRICK HINSON FOR WSFCS SCHOOL	NC 2705 BOARD @F	e. Date Organized 12/4/25 f. Phone Number		
b. Mailing Address (include City, State and Zip Code) HOD AMY LA WACKER TOWN c. Committee Website (Optional) DERRICK HINSON FOR WSFCS SCHOOL	NC 2705 BOARD @F	e. Date Organized 12/4/25 f. Phone Number		
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DERRICKHINSON FOR WSFCS SCHOOL	e. Party Affiliation	1000 CON		
DERRICKHINSON FOR WSFCS SCHOOL	e. Party Affiliation	B.com 336-707-5038		
2 Candidata Information	_			
2. Candidate Information a. Full Name	_			
	DCD DI			
DERRICK G. HINSON SR		CAN		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought			
4601 AMY LN P.O. BOX1002		tool BOARD		
WALKERTOWN, NO 27051	DISTRI			
c. Phone Number d. Email Address	g. Next Election Year	h. Jurisdiction		
3367075038 Hinson 4 School Boarda	2026			
Email copy of report notices		T 0		
3. Treasurer Information a. Full Name	4. Assistant Treasur a. Full Name			
	a. Pun Name	2025		
Lon lilley				
b. Mailing Address (include City, state, and Zip Code)	b. Mailing Address (incl	ude City, State and Zip Code)		
509 Twana Ln Beleus Creek		111 07		
c. Phone Number d. Email Address	c. Phone Number	l. Email Address		
336-749-2899 lori-jeff-93@yahoo.co	m	(ب)		
Send report notices by email Yes No	Email copy of rep			
5. Custodian of Books Information (Keeper of Records)	6. Account Informa			
a. Full Name	a. Financial Institution F			
Cori Tilley	MEMBERS C	REDITUNION		
b. Mailing Address (include City, State, and Zip Code)	A 20			
509 Twana Un.		UTIS PLAZA BLVD		
c. Phone Number d. Email Address	W-Z N	c 27103		
	b. Account Code c	. Туре		
334749 2899 lon-jeff-93@yahao.com	m1 - 1 - 1	CHECKING ACCT.		
Email copy of report notices	616488			
I certify that the Committee is in compliance with all applicable provisions of Article 22A 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. Printed Name of Treasurer Signature of Appointed Treasurer Date				
I certify that the information above is correct, and I, as the carduties and responsibilities imposed upon the appointed treasurates of the NC General Statutes. Printed Name of Candidate				



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.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:	
Committee Name:	COMMITTEE TO ELECT DEPRICK HINSON WSFC SCHOOL BAPRE
Treasurer Name:	LORI TILLEY
Treasurer Address:	509 Twana Ln
(include city, state, & zip)	Bolews Greek, NC 27009
Treasurer Phone:	336-749- 2899

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.

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. I further agree to file all future reports required.

12-13-25 Date Signed Sou Signatu



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).

how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).
This Designation is filed at the Board of Elections office where the committee's campaign reports are filed
Candidate Name: DERRICK G. HINSON,
Committee Name: Committee To Elect Perrick Hinson WSFC School Board
Treasurer Name: LORI TILLEY
If Candidate is own treasurer, designate an agent to carry out designations:
Committee ID #:
Level Registered: [State] (County) If county, specify: FORS4714
I, DERRICK Q. HINSON, 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 %)
1. Committee To Elect Derrick HINSON SAMARITAN PURSE GRAHAM 100 72 WSFC SCHOOL BOARD
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: Lorrick L. Husan
Date: $\frac{12/9/25}{}$
CRO-3900 Candidate Designation of Committee Funds