

# Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

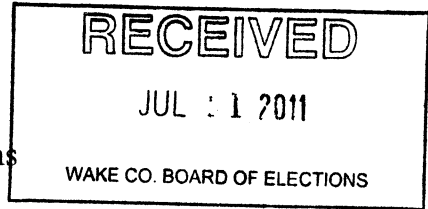
Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information				
a. Full Name Committee To Elect Michael Dorman		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">JUL 11 2011</p> <p style="font-size: 12px; margin: 0;">WAKE CO. BOARD OF ELECTIONS</p> </div>		
b. Mailing Address (include City, State and Zip Code) 116 Park Ave. Fuquay-Varina, NC 27526				c. ID Number
				d. Date Organized 7/5/2011
		e. Phone Number 919-868-0054		
2. Candidate Information				
<input type="checkbox"/> Candidate's Primary Committee				
a. Full Name Michael Dorman		e. Candidate ID Number	f. Party Affiliation <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code) 116 Park Ave. Fuquay-Varina, NC 27526		g. Office Sought Fuquay-Varina Mayor		
c. Phone Number 919-868-0054	d. Email Address mdorman@militarymissionsinaction.org	h. Next Election Year	i. Jurisdiction	
<input checked="" type="checkbox"/> Email copy of notices				
3. Treasurer Information		4. Custodian of Books Information		
a. Full Name Wanda Hopper		a. Full Name		
b. Mailing Address (include City, State, and Zip Code) 507 Quest Ridge Dr., Fuquay Varina, NC 27526		b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number 919-244-7222	d. Email Address whopper2009@gmail.com	c. Phone Number	d. Email Address	
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices		
5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>		
a. Full Name		a. Financial Institution Full Name		
		Patriot State Bank		
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Campaign Funds		
c. Phone Number	d. Email Address	c. Account Code MD	d. Type Checking	
<input type="checkbox"/> 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.				
<p style="font-size: 24px; margin: 0;">WANDA HOPPER</p> <p style="font-size: 12px; margin: 0;">Printed Name of Signer</p>		<p style="font-size: 24px; margin: 0;">Wanda Hopper</p> <p style="font-size: 12px; margin: 0;">Signature of Appointed Treasurer</p>		
		<p style="font-size: 18px; margin: 0;">7/8/2011</p> <p style="font-size: 12px; margin: 0;">Date</p>		



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: Michael Dorman  
 Treasurer Name: Wanda Hopper  
 Treasurer Address: 507 Quest Ridge Rd  
 (include city, state, & zip) Fuquay Varina, NC 27526  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 919-244-7222

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).

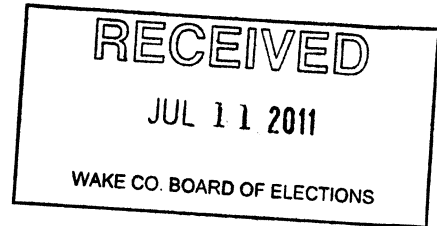
7-8-2011  
 Date Signed

Michael Dorman  
 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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**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 nine allowable methods outlined in 163-278.16B(a).

Candidate Name: Michael DORMAN  
 Committee Name: Committee To ELECT Michael DORMAN  
 Treasurer Name: Wanda Hopper  
 If Candidate is own treasurer, designate an agent to carry out designations: \_\_\_\_\_  
 Committee ID #: \_\_\_\_\_  
 Level Registered: [State] [County] If county, specify: \_\_\_\_\_

I, Michael DORMAN, 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 <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>Jugway VARINA FOOD BANK</u>	<u>100%</u>
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: Michael Dorman  
 Date: 7-8-2011

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