

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.

RECEIVED JUL 25 2011 WAKE CO. BOARD OF ELECTIONS Candidate Number	No <input checked="" type="checkbox"/>
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1. Committee Information	
a. Full Name	WAKE CO. BOARD OF ELECTIONS
Anne Hines for Town Commissioner	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
830 Lochmaben St Wake Forest NC 27587	7/13/2011
	e. Phone Number
	919-556-6304

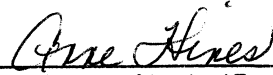
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
Anne Hines		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
830 Lochmaben St Wake Forest NC 27587	1 - Town Commissioner	Wake Forest	
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Anne Hines		Anne Hines	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
830 Lochmaben St Wake Forest NC 27587		830 Lochmaben St Wake Forest NC 27587	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919/556-6304	anne.hines12@yahoo.com	919-556-6304	anne.hines12@yahoo.com

5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
N/A		To be Determined	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		1	checking

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.

<u>Anne Hines</u> Printed Name of Signer	 Signature of Appointed Treasurer	<u>07/19/2011</u> Date
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North Carolina
 State Board of Elections
 506 N Harrington Street
 Raleigh, NC 27603

RECEIVED
 JUL 25 2011
 WAKE CO. BOARD OF ELECTIONS

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: Anne Hines
 Treasurer Name: Anne Hines
 Treasurer Address: 830 Hochmaben St
 (include city, state, & zip) Wake Forest NC 27587

 Treasurer Phone: 919-556-6304

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).

07/19/2011
 Date Signed

Anne Hines
 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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 Raleigh, NC 27611-7255
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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:

Committee Name: Anne Hines for Town Commissioner
 Treasurer Name: Anne Hines
 Treasurer Address: 830 Lochmaben St
 (include city, state, & zip) Wake Forest NC 27587

 Treasurer Phone: 919-556-6304

Check One:

I 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.

07/19/2011
 Date Signed

Anne Hines
 Signature

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 eight allowable methods outlined in 163-278.16B(a).

Candidate Name: Anne Hines

Committee Name: Anne Hines for Wake F

Treasurer Name: Anne Hines

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: _____

Level Registered: [State] [County] If county, specify: Wake County

I, Anne Hines, 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>Wake Forest Purple Heart Foundation</u>	<u>All funds</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: Anne Hines

Date: 07/21/2011

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