

RECEIVED

Amendment

MAY 23 2011

Yes

No

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.

WAKE CO. BOARD OF ELECTIONS

1. Committee Information

a. Full Name TAH TIMOTHY ARLEN HINNANT FOR MAYOR	c. ID Number WENDELL
b. Mailing Address (include City, State and Zip Code) 320 EAST HAYWOOD ST. WENDELL, NC 27591	d. Date Organized 05/23/11
	e. Phone Number 919-812-4193

2. Candidate Information

Candidate's Primary Committee

a. Full Name TIMOTHY ARLEN HINNANT	c. Candidate ID Number	d. Party Affiliation NP
b. Mailing Address (include City, State, and Zip Code) 320 EAST HAYWOOD ST. WENDELL, NC 27591	e. Office Sought MAYOR TOWN OF WENDELL	f. Jurisdiction WENDELL, NC
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)		

3. Treasurer Information

a. Full Name TIMOTHY ARLEN HINNANT
b. Mailing Address (include City, State, and Zip Code) 320 EAST HAYWOOD ST. WENDELL, NC 27591
c. Phone Number 919-812-4193
d. Email Address ghinnant@toddand scarboro.com

4. Custodian of Books Information

a. Full Name TIMOTHY ARLEN HINNANT
b. Mailing Address (include City, State, and Zip Code) 320 EAST HAYWOOD ST. WENDELL, NC 27591
c. Phone Number 919-812-4193
d. Email Address ghinnant@toddand scarboro.com

5. Assistant Treasurer Information

Add
 Remove

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

6. Account Information (incl. CRO-3500)

Add
 Remove

a. Financial Institution Full Name BB&T	
b. Purpose CAMPAIGN CHECKING ACCT. PAY CAMPAIGN DEBT	
c. Account Code TAH	d. Type CHECKING ACCT.

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.

TIMOTHY ARLEN HINNANT Printed Name of Signer
Timothy Arlen Hinnant Signature of Appointed Treasurer
05/23/11 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: TIMOTHY ARLEN HINNANT
 Treasurer Name: TIMOTHY ARLEN HINNANT
 Treasurer Address: 320 EAST HAYWOOD ST.
 (include city, state, & zip) WENDELL, NC 27591

Treasurer Phone: 919-812-4193

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).

05/23/11
Date Signed

Timothy Arlen Hinnant
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: TIMOTHY ARLEN HINNANT

Committee Name: HINNANT FOR WENDELL MAYOR

Treasurer Name: TIMOTHY ARLEN HINNANT

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

Committee ID #: _____

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

I, TIMOTHY ARLEN HINNANT, 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).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>GO BACK TO ALL CONTRIBUTORS</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: Timothy Arlen Hinnant

Date: 05/23/11

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