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Statement of Organization - Candidate Committee

Amendment Yes No

Use this form to create a new or update an existing candidate committee.
WAKE CO. BOARD OF ELECTIONS
This form must be accompanied by forms CRO-3100 and CRO-3500.

Received

JUL 26 2011

1. Committee Information

a. Full Name: **HOLLEMAN FOR Council Campaign Finance**

b. Mailing Address (include City, State and Zip Code): **225 S MAIN STREET
FUQUAY-VARINA NC 27526**

c. ID Number: **Finance**

d. Date Organized: **7-15-11**

e. Phone Number: **919-552-8000**

Candidate's Primary Committee

2. Candidate Information

a. Full Name: **GERALD W. HOLLEMAN**

b. Mailing Address (include City, State, and Zip Code): **225 S. MAIN STREET
FUQUAY-VARINA NC
27526**

c. Candidate ID Number: **CJSBE5**

d. Party Affiliation: **UNAFFILIATED**

e. Office Sought: **HOLLY SPRINGS
TOWN Council**

f. Jurisdiction: **AT LARGE**

(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)

3. Treasurer Information

a. Full Name: **DENNIS DUKE**

b. Mailing Address (include City, State, and Zip Code): **225 S MAIN
FUQUAY-VARINA NC 27526**

c. Phone Number: **919-552-8000**

d. Email Address: **DDUKE@NC.RR.COM**

4. Custodian of Books Information

a. Full Name: **DENNIS DUKE**

b. Mailing Address (include City, State, and Zip Code): **225 S MAIN
FUQUAY-VARINA NC 27526**

c. Phone Number: **919-552-8000**

d. Email Address: **DDUKE@NC.RR.COM**

Add Remove

5. Assistant Treasurer Information

a. Full Name: **PATRIOT STATE BANK**

b. Mailing Address (include City, State, and Zip Code): **CAMPAIGN FUNDS**

c. Phone Number: **JC**

d. Email Address: **CHECKING**

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name: **PATRIOT STATE BANK**

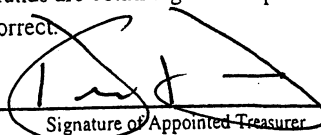
b. Purpose: **CAMPAIGN FUNDS**

c. Account Code: **JC**

d. Type: **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.

DENNIS DUKE  **7/15/11**
 Printed Name of Signer Signature of Appointed Treasurer Date

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WAKE CO. BOARD OF ELECTIONS



North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603

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Campaign Finance

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: GERALD W. HOLLEMAN
Treasurer Name: DENNIS DUKE
Treasurer Address: 225 S MAIN
(include city, state, & zip) FURQUAY - VARINA NC 27526
Treasurer Phone: 919-552-8000

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).

7-15-11
Date Signed

[Signature]
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: GERALD W. HOLLEMAN

Committee Name: HOLLEMAN FOR COUNCIL

Treasurer Name: DENNIS DUKE

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

Committee ID #: _____

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

I, GERALD W. HOLLEMAN, 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>AMERICAN HEART ASSOCIATION</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: Gerald Holleman

Date: 7-15-11

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