

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.

Amendment
 Yes No

1. Committee Information			
a. Full Name		c. ID Number	
COMMITTEE TO ELECT MICHAEL SCHLINK			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. BOX 5362 CARY, NC 27512		7-19-11	
		e. Phone Number	
		919-244-2048	
2. Candidate Information			
WAKE COUNTY BOARD OF ELECTIONS Candidate's Primary Committee			
a. Full Name		c. Candidate ID Number	d. Party Affiliation
MICHAEL SCHLINK			NON-PARTISAN
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
P.O. BOX 5362 CARY, NC 27512		MORRISVILLE TOWN COUNCIL	DISTRICT 1
(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	
MICHAEL SCHEINK			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
P.O. BOX 5362 CARY, NC 27512			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-244-2048	MIKESFORMORRISVILLE@GMAIL.COM		
5. Assistant Treasurer Information		6. Account Information (incl CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		BB&T	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		CAMPAIGN FUND	
c. Phone Number	d. Email Address	e. Account Code	d. Type
		MS	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.			
MICHAEL SCHLINK		7/26/11	
Printed Name of Signer		Signature of Appointed Treasurer	
		Date	



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

RECEIVED

JUL 28 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: MICHAEL SCHLINK

Treasurer Name: MICHAEL SCHLINK

Treasurer Address: P.O. BOX 5362

(include city, state, & zip) CARY, NC 27512

Treasurer Phone: 919 - 244 - 2041

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).

7-26-11
 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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Raleigh, NC 27603

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Raleigh, NC 27611-7255
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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 SCHLINK
Committee Name: COMMITTEE TO ELECT MICHAEL SCHLINK
Treasurer Name: MICHAEL SCHLINK
If Candidate is own treasurer, designate an agent to carry out designations: _____
Committee ID #: _____
Level Registered: [State] [County] If county, specify: _____

I, MICHAEL SCHLINK 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 (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>AMERICAN CANCER SOCIETY</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: [Signature]
Date: 7-26-11

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