

Statement of Organization

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1. Name of Committee MISCHI BINKLEY FOR NC HOUSE 72						7. Date 3/10/02																																																																																																																									
2. Address of Committee 1143 MILLER STREET						8. ID Number																																																																																																																									
3. City WINSTON-SALEM		4. State NC		5. Zip 27103		6. Phone 336-777-1812																																																																																																																									
9. Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																																															
Type of Committee (Check one and complete the respective information required below.)																																																																																																																															
<input checked="" type="checkbox"/> 10. Candidate Committee <input checked="" type="checkbox"/> Primary Candidate Committee																																																																																																																															
(If office sought is nonpartisan, write "Nonpartisan" in (d) Party Affiliation.)																																																																																																																															
a. Name of Candidate MISCHI BINKLEY		b. Candidate ID Number		c. Office NC HOUSE 72		d. Party Affiliation DEM																																																																																																																									
						e. Dist/Cty/Mun 72																																																																																																																									
<input type="checkbox"/> 11. Joint Candidate Committee or Fundraiser <input checked="" type="checkbox"/> Primary Candidate Committee																																																																																																																															
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15. Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
DAVID MICKEY	332 SHADY GROVE CHURCH ROAD	WINSTON-SALEM	NC	27107	336-769-0955
g. Email Address: HHEELSRNUM1@AOL.COM					

16. Assistant Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
g. Email Address					

17. Custodian of Books Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
MISCHI BINKLEY	1143 MILLER STREET	WINSTON-SALEM	NC	27103	336-777-1812
g. Email Address: MISCHI@NR.INFI.NET					

18. Bank/Depository/Credit Account Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Acct Type & Number
FIRST CITIZENS	P.O. BOX 5537	WINSTON-SALEM	NC	27113-5537	CHECKING
g. Purpose: CAMPAIGN EXPENSES					
h. Code					
g. Purpose					
h. Code					

19. Certification of Threshold (for Candidate and Party Committees Only)

- ☐ I certify that this committee intends to neither receive nor expend more than \$3,000 during the campaign under the procedures set forth in G.S. 163-278.10A. This certification will remain until the end of the election cycle for this committee. I further understand that should the above circumstances change at any time during the election cycle, it will be necessary for the person responsible for filing financial reports to immediately notify the appropriate Board of Elections Campaign Reporting Office and to commence filing campaign reports with the next scheduled report; such report to include all funds received and spent since the beginning of the committee's current election cycle. By checking this box, I am not required to file an organizational report.
- ☐ I am amending this Statement of Organization to withdraw my Certification to remain under the \$3000 threshold. I will now be required to file a report of all contributions and expenditures from the beginning of the election cycle that have not been previously reported. This report will be referred to as a "Threshold Report". I further agree to file all future reports required.

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

David Mickey

Signature of Appointed Treasurer or Candidate

3/10/02

Date



North Carolina
State Board of Elections

506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook
Deputy Director - Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Treasurer .

FILED BY:

Candidate Name:

MISCHI BINKLEY

Treasurer Name:

DAVIDA MICKEY

Treasurer Address:

(include city, state, & zip)

332 SHAADY GROVE CHURCH ROAD

WINSTON-SALEM, NC 27107

Treasurer Phone:

336-769-0955

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.

3.10.2002

Date Signed

Signature of Candidate