

complete this Due 7-29-02

Statement of Organization

1. Name of Committee Mike Decker for State House						7. Date 7-19-02
2. Address of Committee PO Box 141						8. ID Number
3. City Wakertown	4. State NC	5. Zip 27151	6. Phone 595-3008	9. Amendment <input type="checkbox"/> Yes <input type="checkbox"/> No		

Type of Committee (Check one and complete the respective information required below.)

☒ 10. Candidate Committee ☐ Primary Candidate Committee

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

a. Name of Candidate Michael Mike Decker	b. Candidate ID Number	c. Office St. House	d. Party Affiliation Republican	e. Dist/Cty/Mun 94
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☐ 11. Joint Candidate Committee or Fundraiser ☐ Primary Candidate Committee

a. If Fundraiser, Name of Event		b. If Fundraiser, Event Location		
c. Candidate Names	d. Candidate ID Number	e. Office	f. Party Affiliation	g. Share of Profits
				%
				%
				%
				%

☐ 12. Party Committee

a. Type (Check one) <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Subordinate	b. Party
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☐ 13. General Political Committee

a. Category (Check one)				
<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Conservative/Liberal	<input type="checkbox"/> Health	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Trade
<input type="checkbox"/> Building/Real Estate	<input type="checkbox"/> Environment	<input type="checkbox"/> Insurance	<input type="checkbox"/> Minority	<input type="checkbox"/> Utilities
<input type="checkbox"/> Religious	<input type="checkbox"/> Get Out the Vote	<input type="checkbox"/> Legal	<input type="checkbox"/> Information Tech/Telecommunications	
<input type="checkbox"/> Political Party not part of the Party Plan of Organization			<input type="checkbox"/> Other:	
b. Type (Check one) <input type="checkbox"/> Parent Entity <input type="checkbox"/> Political Purpose <input type="checkbox"/> Economic Interest		c. Definition of Type		
d. Member Definition				
Connected Organization or Affiliated Committee				
e. Name	f. Mailing Address (include city, state, & zip)		g. Relationship	

☐ 14. Referendum Committee

a. Name of Referendum	b. Referendum Date	c. Declaration (Check one) <input type="checkbox"/> Support <input type="checkbox"/> Oppose

Statement of Organization

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15. Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Michael Paul Decker Sr	PO Box 141 Hix	Walkertown	NC	27057	336 595-3008
g. Email Address					

16. Assistant Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
NONE					
g. Email Address					

17. Custodian of Books Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Same as Line 15					
g. Email Address					

18. Bank/Depository/Credit Account Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Acct Type & Number
Bank of America	205 EAST Mountain St.	Wernersville	NC	27284	Checking
g. Purpose					
Candidate election					
h. Code					
Candidate election					
g. Purpose					
Candidate election					
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.

Michael P. Decker Sr.
Signature of Appointed Treasurer or Candidate

7-22-02
Date