

# Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee.

Amendment ☐ Yes ₩ No

This form must be accompanied by forms CRO-3100 and CRO-3500.

1. Committee Information	New Selection of the large terms		PRETENCE CON	49 EU (2019) 44		X13187
a. Full Name				c. ID Number		
Hooker for Alderman						
b. Mailing Address (include City, State an	nd Zip Code)			d. Date Organ	nized	
469 Uppergate Lane Kernersville, NC 27284		7/17/09				
Kernersville, NC 27284			e. Phone Number		11.	
	•			336-8	11-613	7
2. Candidate Information		Candidate's Pri	mary Commit	tee		eritäri de le Albana
a. Full Name		c. Candidate ID Numb	er	d. Party Affili	ation	•
Keith Roger Hooker		900912		LOOD NON PARTISAN		
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought			f. Jurisdiction	n
469 Uppergate Lone Kemersville, NC 27284		Aldeman			KE	
Kemersville, Ne 276	284	(If office sought is nonpartisan,		write "Nonpartisan" in [d]		
		Party Affiliation.)				
3. Treasurer Information	sangula kangulangan	4. Custodian of Bo	oks Informa	tion	\$25-4.5W (SULE	7 (5.5%)
a. Full Name		a. Full Name				
Keith Roger Hooker				*	2000 JUL	
b. Mailing Address (include City, State, an	id Zip Code)	b. Mailing Address (include City, State, and Zip Code)				
469 Uppergate lone		·		ŧ	27	
Kernesville, NC 27284		į		{ }		
c. Phone Number d. Email Address		c. Phone Number	d. Email Addr	ess		
336-817-6739 alderman	71 @aol.com				5 5	5
5. Assistant Treasurer Information	n Add	6. Account Inform	ation (incl.	CRO-3500)	Add	17.8
ı. Full Name	Remove	a. Financial Institution	Full Name		Remove	
		Bank of Ameri	ca			
o. Mailing Address (include City, State, an	d Zip Code)	b. Purpose				
		Hooker for Ald	leman Cam	paig		
. Phone Number d. Email Address		c. Account Code	d. Type	<u>.                                     </u>		_
		KRH 11	Cheeken	 ዓ		
CERTIFICATION						_
I certify that the Committee or Fun Chapter 163 of the NC General Sta further certify that this report is con	itutes and that no funds ar					
Keth L Hooker	implete, true and correct.	I AL		7-25-	09	
Printed Name of Signer	Sign	nature of Appointed Trea	surer		Date	•





June 2007

### North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting

CRO-3100

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

## **Certification of Treasurer**

This Certification is used b required an	y Candidate Committees to appoint a treasurer to the committee. It must accompany the Candidate's Statement of Organization	Γhis form is	
FILED BY:		7	2009 JUL
Candidate Name:	Keith Roge Hooker		2
Treasurer Name:	Kerth Roger Hooker	Lud.	
Treasurer Address:	469 Uppergate Lane		_ <u>~</u>
(include city, state, & zip)	Keneroville, NC 27284	כ	
Treasurer Phone:	336-817-6739		<del></del>
the duties and responsibilities	nation is correct, and I, as candidate, appoint said treasurer to personation is correct, and I, as candidate, appoint said treasurer to person imposed upon the appointed treasurer and subject to the penalties Regulation of Election Campaigns of Chapter 163 of the North Campaigns of Chapter 163 of	and	11
the existing Statement of Org	Treasurer changes, it will be necessary to certify a new treasurer a anization within 10 days of the vacancy. I further understand that the training by the State Board of Elections within three months of ticle 163.278.9(k).	the above	
7-17-09 Date Signed	Signature of Candidate		<del></del>

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

Certification of Treasurer





## North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting

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#### **Certification of Threshold**

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$3,000 in the current election cycle

FILED BY:	
Committee Name:	Hooker for Alderman
Treasurer Name:	Keith Roser Hooker
Treasurer Address:	469 Uppergate L
(include city, state, & zip)	Kemersville, Ne 2784
Treasurer Phone:	336-817-6739
election cycle under the prountil the end of the election expenditures during this elections and file required THIS DECLARATION CAI  I am withdrawing my file the next scheduled report	nittee intends to neither receive nor expend more than \$3,000 during the current cedures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$3,000 in contributions or ction cycle, I understand that I must immediately notify the appropriate board campaign finance reports.  N ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.  Certification to remain under the \$3000 threshold. I will now be required to at for all contributions and expenditures that have not been previously reported trent election cycle. I further agree to file all future reports required.
7-17-09 Date Signed	Signature

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





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State Board of Elections

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CRO-3500

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August 2008

#### Confidential

#### **Certification of Financial Account Information**

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

C				
Committee Name	e: Hooker	for Alderman		
Treasurer Name:	<u>Keith</u>	Roger Hooker		
Treasurer Address	is: <u>469 1</u>	Joperaole In		
(include city, state, &	& zip) <u>  Kerners</u>	ville, NC 27284		
Treasurer Phone:	336-=	817-6739		
the above named Commoney market or saving The information provided to court of competent juries provide account information, confidentiality code", confidentiality of the code of the cod	mittee. These account gs accounts, or any oth ded on this form is con would only be used fo sdiction. It will be necommation on required dof the account number i	or the purposes of an audit or invessary to assign each account nur disclosure reports. If an account n is presumed to have been waived.	s utilized, credit card accounts, purpose by the Committee piect to public disclosure. The restigation or as required by a mber a "account code" prorder with the property of the piece of	
The treasurer shall mai exclusively by the polit	intain all moneys of the ical committee and sha	ne political committee in a bank a all not commingle those funds wit	h any other moneys.	
Type of account	Financial Institution	Address	Account Number Account	;
		241	O(D)	
Checking	Bonk of America	215 EMonton St Kencont EN	RH71	
provided. 1-25-09 Date Signed	ment, I authorize agents	s of the State Board of Elections to	o inspect all accounts  ure of Candidate or Treasurer	
provided.  1-25-09  Date Signed  In lieu of providing a	ment, I authorize agents	s of the State Board of Elections to	o inspect all accounts  ure of Candidate or Treasurer	

Certification of Financial Account Information