

COPY



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

Kimberly Westbrook-Strach  
Deputy Director – Campaign Reporting

Mailing Address  
PO Box 27255  
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(919) 733-7173  
Fax: (919) 715-8047

FORSYTH COUNTY  
BOARD OF ELECTIONS

2009 JUL 17 AM 11:24

RECEIVED

### 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 L Horn

Treasurer Name:

SAME AS ABOVE

Treasurer Address:

1125 FAIRBROOK LANE

(include city, state, & zip)

LEWISVILLE, NC 27023

Treasurer Phone:

336-712-3355

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).

7/15/09  
Date Signed

Signature of Candidate

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

# 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

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
<del>Michael L Horn</del> MIKE HORN FOR TOWN COUNCIL			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
1125 Fallbrook Lane WS NC 27023		7/13/09	
		e. Phone Number	
		712-3355	
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Michael L Horn			NON PARTISAN UNAFFILIATED
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
1125 Fallbrook Lane Lewisville, NC 27023		TOWN COUNCIL LEWISVILLE	
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
Michael L Horn		SAME AS TREASURER	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
SAME AS ABOVE		SAME AS ABOVE	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-712-3355	MIKE@HORNSTRONACH.COM	SAME	SAME
<b>5. Assistant Treasurer Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>6. Account Information</b> (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
		RBC Centura	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		CAMPAIGN EXPENSES	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		RBC	CHECKING
<b>CERTIFICATION</b>			
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 L Horn		[Signature]	
Printed Name of Signer		Signature of Appointed Treasurer	
		Date	

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**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

**FILED BY:**

Committee Name:

Michael L Horn

Treasurer Name:

SAME AS ABOVE

Treasurer Address:

1125 FAIRBROOK LANE

(include city, state, &amp; zip)

LEWISVILLE, NC 27023

Treasurer Phone:

336-712-3355

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
CHECKING	RBC BANK USA	2150 County Club Dr	[REDACTED]	RBC
		WS 27104		

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

7/15/09  
Date Signed

[Signature]  
Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Candidate or Treasurer