

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.

COPY

Amendment

Yes ☒

No ☐

| | | | |
|--|-------------------------|---|--------------------------------------|
| 1. Committee Information | | | |
| a. Full Name Norman Hill for School Board | | c. ID Number | |
| b. Mailing Address (include City, State and Zip Code) 201 Turnbridge Dr. Lewisville, NC 27023 | | d. Date Organized Feb 26 - Mar 2010 8 Mar 2010 | |
| | | e. Phone Number 336-764-3266 | |
| 2. Candidate Information <input checked="" type="checkbox"/> Candidate's Primary Committee | | | |
| a. Full Name Ralph Norman Hill | | c. Candidate ID Number 1CQS40 | d. Party Affiliation NP |
| b. Mailing Address (include City, State, and Zip Code) 201 Turnbridge Dr. Lewisville, NC 27023 | | e. Office Sought School Board | f. Jurisdiction D2 Forsyth |
| | | (If office sought is nonpartisan, write "Nonpartisan" in Party Affiliation.) | |
| 3. Treasurer Information | | 4. Custodian of Books Information | |
| a. Full Name Ralph Norman Hill | | a. Full Name Ralph Norman Hill | |
| b. Mailing Address (include City, State, and Zip Code) 201 Turnbridge Dr. Lewisville, NC 27023 | | b. Mailing Address (include City, State, and Zip Code) Same | |
| c. Phone Number 336-764-3266 | d. Email Address | c. Phone Number Same | d. Email Address |
| 5. Assistant Treasurer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | 6. Account Information (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove | |
| a. Full Name | | a. Financial Institution Full Name Wachovia Bank | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Purpose Campaign Account | |
| c. Phone Number | d. Email Address | c. Account Code 1 | d. Type 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. | | | |
| Ralph Norman Hill Printed Name of Signer | | 8-Mar-2010 Date | |



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
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: Norman Hill
Treasurer Name: Ralph Norman Hill
Treasurer Address: 201 Turnbridge Dr.
(include city, state, & zip) Lewisville, NC 27023

Treasurer Phone: 336-764-3266

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FORSYTH COUNTY
BOARD OF ELECTIONS

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).

8 Mar 2010
Date Signed

Ralph Norman Hill
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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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 \$1,000 in the current election cycle.

FILED BY:

Committee Name: Norman Hill for School Board
Treasurer Name: Ralph Norman Hill
Treasurer Address: 201 Turnbridge Dr.
(include city, state, & zip) Lewisville, NC 27023

Treasurer Phone: 336-764-3266

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

☐ I am withdrawing my Certification to remain under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

8-Mar-2010

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

506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27223
Raleigh, NC 27611-7223
(919) 733-7113
Fax: (919) 715-8047

FORSTYH COUNTY
BOARD OF ELECTIONS

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: Norman Hill for School Board
Treasurer Name: Ralph Norman Hill
Treasurer Address: 201 Turnbridge Dr.
(include city, state, & zip) Lewisville, NC 27023
Treasurer Phone: 336-764-3266

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 an "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 monies 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 monies.

| Type of account | Financial Institution | Address | Account Number | Account Code |
|-----------------|-----------------------|--|----------------|--------------|
| Checking | Wachovia Bank | Wells Fargo and Co. 420 Montgomery St. San Francisco, CA | [REDACTED] | 1 |
| | | | | |

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

8-Mar-2010

Date Signed

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



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Raleigh, NC 27603

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

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BOARD OF ELECTIONS
Mailing Address
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(919) 733-7173
Fax: (919) 715-8047

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: Norman Hill

Committee Name: Norman Hill for School Board

Treasurer Name: Ralph Norman Hill

If Candidate is own treasurer, designate an agent to carry out designations: Jennifer W. Hill

Committee ID #: 1CQS40

Level Registered: [State] [County] If county, specify: Forsyth County

I, Norman Hill, 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>The Foundation of Forsyth Tech</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: _____

Date: 8-Mar-2010

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