

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.

endme	nt	MITECULE A	
Yes] No	

l. Committee Information = a. Full Name	c.:ID:Number			
Hooker for Alderman				
b. Mailing Address (include City, State and Zip Code)	d. Date Organized			
469 Voperade Ln	7-17-09			
469 Uppergate Ln Kernersville NC 27284	e. Phone Number			
less vertices (336-717-6139			
2. Candidate Information	☐ Candidate's Primary Committee			
a. Full Name	c. Candidate ID Number d. Party Affiliation			
Keith. Hooker	NP			
b. Mailing Address (include City, State, and Zip Code)	e: Office Sought f. Jurisdiction			
469 Uppergate La Kernersville NC 27284	Alderman KV			
	(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer information	4. Custodian of Books Information			
a. Full Name	a. Full Name			
Keith R. Hooker	Same 70 Z Z			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Codp)			
469 Uppergate La	H - 1			
Kemersvilly NC 27284 Phone Number de Email Address	7 3			
336 317 6739 Kville to chess@ aol. com	c. Phone Number d. Email Address			
. Assistant Treasurer Information Add	6: Account Information (inel CRO-3500), 🔼 Add			
i. Full Name	a. Financial Institution Full Name Remove Bank of Anerica			
o. Mailing Address (include City, State, and Zip Code)	b. Parpose			
	Campaign Finance			
. Phone Number d. Email Address	c. Account Code d. Type			
	Checking			
ERTIFICATION Legifity that the Committee or Fund is in compliance with a	Il analicable maricine of Anticle 20 A 20 D 8 20 D 20 I S			
Chapter 163 of the NC General Statutes and that no funds a	all applicable provisions of Article 22A, 22B & 22D-22M of are commingled with prohibited or other non-disclosed funds. I			
further certify that this report is complete, true and correct,				
Keith R. Hooker luft &	1-1-11			
Printed Name of Signer Sig	gnature of Appointed Treasurer Date			





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 Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

FILED BY:		<i>7</i> 0 =
Committee Name:	Hooker for Alderman	EC
Treasurer Name:	Keith R Hooker	7
Treasurer Address:	469 Uppergate La	<u> </u>
(include city, state, & zip)	Remerciable NC 27284	.'D 7.
		32
Treasurer Phone:	336-817-6739	
election cycle under the pro until the end of the election expenditures during this ele of elections and file required THIS DECLARATION CAI	nittee intends to neither receive nor expend recedures set forth in G.S. 163-278.10A. This cycle for this committee. If this committee ction cycle, I understand that I must immed a campaign finance reports. N ONLY BE MADE AT THE BEGINNING Certification to remain at or under the \$1,00 report for all contributions and expenditure of the current election cycle. I further agree	is certification will remain in effect exceeds \$1,000 in contributions or diately notify the appropriate board G OF AN ELECTION CYCLE. O threshold. I will now be required res that have not been previously
Date Signed	NUGOT L.	Signature

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





North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director - Campaign Reporting

Date Signed

CRO-3500

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

Signature of Candidate or Treasurer

August 2008

Confidential

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

Certification of Financial Account Information

FILED BY:	د					U
Committee Nar	ne: <u>H</u>	ooker for Ald	emon			2
Treasurer Name	e: <u>X</u>	eith Hooker			<u> </u>	7 7
Treasurer Addr	ess: 4	69 Uppergate	ln			₹
(include city, state	, & zip)	ernersville No	27284		(7: 3: D 3:
Treasurer Phon	e: <u>3</u> :	3L-18 817-	6139			#2 7.
I certify that the info the above named Co- money market or sav	mmittee. These a	ccount numbers incl	ide all bank acc	ounts utilized, o	redit card acc	ounts,
The information provided court of competent juto provide account in code", confidentiality	d would only be a prisdiction. It will information on req	used for the purpose l be necessary to assi uired disclosure repo	s of an audit o gn each accoun orts. If an acco	r investigation t number a "acc unt number is u	or as required ount code" in	d by a order
The treasurer shall n exclusively by the po						s used
Type of account	Financial Institu	ution Address	_	Accou	nt Number	Account Code
Checking	Bank of Ame	nea E.Mh.Sh	. Kemersyalle	71294 NC		
provided. 1-7-11	tement, I authorize	e agents of the State	Will	Korpu	•	
Date Signed In lieu of providing except for the filing		tion, I certify that thi	s committee wil	Signature of Candida l not raise or sp		ру

Certification of Financial Account Information