

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 for here.

Amendment	
☐ Yes	☐ No

This form must be	e accompanied by forms CRO-3100 and C	CRO-3500 (when an	nending, o	nly re-submit if	applicab	le).	
L Committee Int	ormation					43.400	
a. Full Name				c. ID Numb	er	<u> </u>	
Conn	ittee to Elect Way	ne Hest	ev				
b. Mailing Address (i	nclude City, State and Zip Code)			d. Date Org	d. Date Organized		
POL	Box 14 Vertown NC 270					<u></u>	
10 11	+ + + 1020 N/C 271	251			7-5-11 c. Phone Number		
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				336 5	95 23	174	
2. Candidate Info	rmation		Candid	date's Primary C		•	
a. Full Name		e. Candidate ID Nun		f. Party Affi			
Walehin	ayne Hester				<u> </u>		
h Mailing Address (in	iclude City, State, and Zip Code)	0.55		(Indicate Nor	-partican if	applicable)	
		g. Office Sought					
POBOY		1 1 1	p				
	town NC 27051			uneil			
c . Phone Number	d. Email Address	h. Next Election Year	· 	i. Jurisdiction			
336595237	y hesterranca Aol. Com			,		Į.	
☐Email copy o		7011		Walker.	town		
Treasurer Infor		4. Custodian of B	ooks Info	000		SSISCONANC	
. Full Name		a. Full Name					
Ralph	Waxne Hester				$\overline{}$		
Mailing Address (in	clude City, State, and Zip Code)	b. Mailing Address (in	aduda Cita	State of Si- Co.	3 J.S		
		D. Maning Address (4	icinue City,	State, and Zip Co.		=	
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Walker	town NC 27051	•			C		
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	e notices by email Yes No					9	
Full Name	rer Information ☐ Add ☐ Remove	6. Account Inform		The state of the s	Add	400 300 000 000	
Full Hallie	L. Kemoye	a. Financial Institution	I Full Name		Remo)YC #	
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Email copy of	f notices		1				
ERTIFICATION			!	·			
	ommittee or Fund is in compliance with a	ll applicable provisi	ons of Art	ticle 22A, 22B &	չ 22D-22	Mof	
Chapter 163 of the	NC General Statutes and that no funds ar	re commingled with	prohibited	d or other non-d	isclosed t	funds.	
I further certify tha	at this report is complete, true and correct.	-	-				
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ResPh Wegene Hester Ralph Wagne Hester 7-5-11 Printed Name of Signer Signature of Appointed Treasurer Date							
Printed	Name of Signer / Sign	nature of Appointed Trea	surer	1	Date	ļ	





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

TILED DI.		
Candidate Name:	Ralph Wayne Hester	
Treasurer Name:	Raiph Wayne Hester	
Treasurer Address:	POBOX14	
(include city, state, & zip)	Walker town NC 27051	
		201
Treasurer Phone:	336595 2374	= =
the duties and responsibilitie sanctions in Subchapter VIII. General Statutes. I understand that if the above the existing Statement of Org Treasurer is required to recei	Treasurer changes, it will be necessary to certify a new treasurer and amend ranization within 10 days of the vacancy. I further understand that the above we training by the State Board of Elections within three months of this	A 0. 17
appointment according to Ar	icle 163,278.9(k).	
7-5-11 Date Signed	R Celeque Healer Signature of Candidate	_

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

ARD OF ELECTIONS

FILED BY:





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.

Treasurer Phone: 336595 2374 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 at or under the \$1,000 threshold. I will now be required on file the next scheduled report for all contributions and expenditures that have not been previously eported from the beginning of the current election cycle. I further agree to file all future reports required.	FILED BY:		,
Treasurer Address: (include city, state, & zip) (include city, state, zip) (include city, state, zip) (include city, state, zip) (include city, state, zip) (include city, zip) (include city) (include	Committee Name:	Committee to Elect Wayne 2	tester
Treasurer Address: (include city, state, & zip) (include city, state, zip) (include city, state, zip) (include city, state, zip) (include city, state, zip) (include city, zip) (include city) (include	Treasurer Name:	Rolph Wagne Hegter	
Treasurer Phone: 3365952374 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 at or under the \$1,000 threshold. I will now be required on file the next scheduled report for all contributions and expenditures that have not been previously eported from the beginning of the current election cycle. I further agree to file all future reports required.	Treasurer Address:	POBOX 14	10.7
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