

Statement of Organization - Candidate Committee

Amendment

☐ Yes☐ No

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 (when amending, only re-submit if applicable).

1. Committee Information			
a. Full Name SULLIVAN ELECTION LTC		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 5620 SADDLE BROOK DRIVE LEWISVILLE NC 27023		d. Date Organized 7/26/19	
		e. Phone Number 336-486-9663	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name MICHAEL SULLIVAN		e. Candidate ID Number	
b. Mailing Address (include City, State, and Zip Code) 5620 SADDLE BROOK DR LEWISVILLE NC 27023		f. Party Affiliation NON-PARTISAN (Indicate Non-partisan if applicable)	
g. Office Sought TOWN OF LEWISVILLE TOWN COUNCIL		i. Jurisdiction FORSYTH COUNTY MUNICIPALITY LE	
c. Phone Number 336-486-9663	d. Email Address MIKE@AHEADPERFORMANCE.COM	h. Next Election Year 2019	
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name MICHAEL SULLIVAN		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 5620 SADDLE BROOK DR LEWISVILLE, NC 27023		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 336-486-9663	d. Email Address Mike@aheadperformance.com	c. Phone Number	d. Email Address
<input type="checkbox"/> I prefer to receive notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
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 BB+T Co. WINSTON-SALEM - Lewisville	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Committee	
c. Phone Number	d. Email Address	c. Account Code SELTC	d. Type CHECKING ACCT.
<input type="checkbox"/> Email copy of notices			
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.			
MICHAEL P. SULLIVAN Printed Name of Signer		[Signature] Signature of Appointed Treasurer	
		7/26/19 Date	



North Carolina
State Board of Elections

441 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

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

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.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: SULLIVAN ELECTION LTC
Treasurer Name: MICHAEL SULLIVAN
Treasurer Address: 5620 SADDLEBROOK DRIVE
(include city, state, & zip) LEWISVILLE, NC 27023

Treasurer Phone: 336-486-9663

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 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.

7/26/19

Date Signed

Michael Sullivan

Signature



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Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Candidate Name: MICHAEL SULLIVAN
Treasurer Name: MICHAEL SULLIVAN
Treasurer Address: 5620 SADDLEBROOK DRIVE
(include city, state, & zip) LEWISVILLE NC 27023

Treasurer Phone: 336-486-9663

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).

7/26/19

Date Signed

Signature of Candidate



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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 eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: MICHAEL SULLIVAN

Committee Name: SULLIVAN ELECTION LTC

Treasurer Name: MICHAEL SULLIVAN

If Candidate is own treasurer, designate an agent to carry out designations: SABINA GESELL

Committee ID #: _____

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

I, MICHAEL SULLIVAN, 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>CONTRIBUTORS</u>	<u>RETURN FUNDS TO DONOR</u>
2. <u>CANDIDATE</u>	<u>100%</u>
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: 7/26/19