

# 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	c. ID Number
Hutchins for Town Council	10010039
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
3965 Overcreek Lane Winston-Salem NC 27127	07-07-2019
	e. Phone Number
	(336) 817-0179

## 2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Wesley Dean Hutchins		Non-Partisan (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
PO Box 46 NC 27051 2605 Celeste Rd. Walkertown	Council Member	
c. Phone Number	h. Next Election Year	i. Jurisdiction
(336) 817-1437	2019	Town of Walkertown NC
<input checked="" type="checkbox"/> Email copy of notices		

## 3. Treasurer Information

a. Full Name
Mallory H. Robbins
b. Mailing Address (include City, State, and Zip Code)
3965 Overcreek Lane Winston-Salem NC 27127
c. Phone Number
(336) 817-0179
d. Email Address
malloryehutchins@gmail.com

## 4. Custodian of Books Information

a. Full Name
b. Mailing Address (include City, State, and Zip Code)
c. Phone Number
d. Email Address

I prefer to receive notices by email ☒ Yes ☐ No

☐ Email copy of notices

## 5. Assistant Treasurer Information

a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
N/A	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	
d. Email Address	

☐ Email copy of notices

## 6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
BB and T	
b. Purpose	
Checking	
c. Account Code	d. Type
WH2019	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.

Mallory H. Robbins  
Printed Name of Signer

Mallory H. Robbins  
Signature of Appointed Treasurer

7/17/19  
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:

Hutchins for Town Council

Treasurer Name:

Mallory H. Robbins

Treasurer Address:

3965 Overcreek Lane

(include city, state, & zip)

Winston-Salem, NC 27127

Treasurer Phone:

336.817.6179

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.

07/17/2019

Date Signed

Wesley D. Hunt

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: Wesley Dean Hutchins  
Treasurer Name: Mallory H. Robbins  
Treasurer Address: 3965 Overcreek Lane  
(include city, state, & zip) Winston-Salem, NC 27127  
  
  
Treasurer Phone: 336.817.0179

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).

07/17/2019  
Date Signed

Wesley D. Hutchins  
Signature of Candidate



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State Board of Elections  
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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: Wesley Dean Hutchins

Committee Name: Hutchins for Town Council

Treasurer Name: Mallory H. Boddens

If Candidate is own treasurer, designate an agent to carry out designations: \_\_\_\_\_

Committee ID #: \_\_\_\_\_

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

I, Wesley Dean Hutchins, 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>Mary W. Hutchins</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: Wesley D. Hutchins

Date: 07/17/2019