

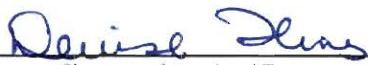

Statement of Organization - Candidate Committee

Is this statement:

☐ New ☒ Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information			
a. Name of Committee		d. ID Number	
DENISE HINES FOR CLERK			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
301 N MAIN ST., STE 805, WINSTON-SALEM, NC 27101		09/23/2019	
c. Committee Website (Optional)		f. Phone Number	
		336-310-9109	
2. Candidate Information			
a. Full Name		c. Party Affiliation	
DENISE HINES		DEMOCRAT	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
301 N MAIN ST., STE 805 WINSTON-SALEM, NC 27101		CLERK OF SUPERIOR COURT	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-310-9109	DENISE@DENISEHINES.COM	2020	21st JUDDIST-FORSYTH
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
DENISE HINES			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
301 N MAIN ST, STE 805 WINSTON-SALEM, N 27101			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-310-9109	DENISE@DENISEHINES.COM		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		WELLSFARGO	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		D4C2020	CHECKING
<input type="checkbox"/> Email copy of report notices			
<p>I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.</p> <p> DENISE HINES Printed Name of Treasurer </p> <p>  Signature of Appointed Treasurer </p> <p> 01/03/2021 Date </p> <p> I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes. </p> <p> DENISE HINES Printed Name of Candidate </p> <p>  Signature of Candidate </p> <p> 01/03/2021 Date </p>			



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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.

Amended

FILED BY:

Committee Name: DENISE HINES
Treasurer Name: DENISE HINES
Treasurer Address: 301 N MAIN ST, STE 805
(include city, state, & zip) WINSTON-SALEM, NC 27101
Treasurer Phone: 336-310-9109

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.

01/03/2021
Date Signed

Denise Hines
Signature



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

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.

Amended

FILED BY:

Candidate Name:

DENISE HINES

Treasurer Name:

DENISE HINES

Treasurer Address:

301 N MAIN ST., STE 805

(include city, state, & zip)

WINSTON-SALEM, NC 27101

Treasurer Phone:

336-310-9109

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).

01/03/2021

Date Signed

Denise Hines

Signature of Candidate



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Amended

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: DENISE HINES

Committee Name: DENISE HINES FOR CLERK COMMITTEE

Treasurer Name: DENISE HINES

If Candidate is own treasurer, designate an agent to carry out designations: TERRY HINES

Committee ID #: _____

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

I, DENISE HINES, 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>CHILDREN'S LAW CENTER OF CENTRAL NC</u>	<u>60%</u>
2. <u>FORSYTH COUNTY DEMOCRATIC PARTY</u>	<u>40%</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: Denise Hines

Date: 01/03/2021