

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
COMMITTEE TO ELECT BOB HARTWELL	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
4605 BEAGLE RUN LANE, WINSTON-SALEM NC 27106	AUG. 1, 2023
c. Committee Website (Optional)	f. Phone Number
	336 575-6263

2. Candidate Information

a. Full Name	e. Party Affiliation
ROBERT M. HARTWELL	DEMOCRATIC
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
4605 BEAGLE RUN LANE WINSTON-SALEM NC 27106	WINSTON-SALEM CITY COUNCIL NORTHWEST WARD
c. Phone Number	d. Email Address
336 257-6263	bobhartwell4uscc24@gmail.com
<input type="checkbox"/> Email copy of report notices	g. Next Election Year
	2024
	h. Jurisdiction

3. Treasurer Information

a. Full Name	4. Assistant Treasurer Information
HARRY SAGES	a. Full Name
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)
4615 BEAGLE RUN LANE WINSTON-SALEM, NC 27106	
c. Phone Number	d. Email Address
724 366-1245	hmsages@gmail.com
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Email copy of report notices	

5. Custodian of Books Information (Keeper of Records)

a. Full Name	6. Account Information (incl. CRO-3500)
HARRY SAGES	a. Financial Institution Full Name
b. Mailing Address (include City, State, and Zip Code)	
4615 BEAGLE RUN LANE WINSTON-SALEM NC 27106	TRUIST
c. Phone Number	b. Account Code
724 366-1245	4615
d. Email Address	c. Type
hmsages@gmail.com	CHECKING
<input type="checkbox"/> Email copy of report notices	

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.

HARRY M. SAGES

Printed Name of Treasurer



Signature of Appointed Treasurer

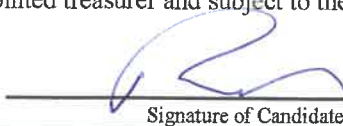
AUG 2, 2023

Date

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.

ROBERT M. HARTWELL

Printed Name of Candidate



Signature of Candidate

AUG 2, 2023

Date



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.

FILED BY:

Committee Name:

COMMITTEE TO ELECT BOB HARTWELL

Treasurer Name:

HARRY M. SAGGS

Treasurer Address:

4615 BEAGLE RUN LANE

(include city, state, & zip)

WINSTON-SALEM, NC 27106

Treasurer Phone:

724 366-1245

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.

AUG. 3, 2023

Date Signed


Signature



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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: ROBERT M HARTWELL

Committee Name: COMMITTEE TO ELECT BOB HARTWELL

Treasurer Name: HARRY SAGES

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

Committee ID #: _____

Level Registered: [State] [County] If county, specify: WINSTON-SALEM

I, ROBERT M HARTWELL, 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>NATURE CONSERVANCY - N.C.</u>	<u>50%</u>
2. <u>SECOND HARVEST FOOD BANK OF</u>	<u>50%</u>
3. <u>NORTHWEST NORTH CAROLINA</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: AUGUST 5, 2023