

COPY

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 McHone For Mayor		c. ID Number 9CQIRQ	
b. Mailing Address (include City, State and Zip Code) 1875 GRIFPIN ROAD RURAL HALL NC 27045		d. Date Organized 7-5-2013	
		e. Phone Number (336) 969-6569	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name Billy W McHone		e. Candidate ID Number 9CQIRQ	
b. Mailing Address (include City, State, and Zip Code) 1875 GRIFPIN ROAD RURAL HALL N.C. 27045		f. Party Affiliation Non-Partisan (Indicate Non-partisan if applicable)	
c. Phone Number 336-969-6569		g. Office Sought MAYOR OF TOLEDO, OH	
d. Email Address McHoneB@windstream.net		h. Next Election Year 2015	
<input type="checkbox"/> Email copy of notices		i. Jurisdiction	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Billy W McHone		a. Full Name Billy W McHone	
b. Mailing Address (include City, State, and Zip Code) 1875 GRIFPIN ROAD RURAL HALL NC 27045		b. Mailing Address (include City, State, and Zip Code) 1875 GRIFPIN ROAD RURAL HALL N.C. 27045	
c. Phone Number 336-969-6569	d. Email Address McHoneB@windstream.net	c. Phone Number 336-969-6569	d. Email Address McHoneB@windstream.net
I prefer to receive notices by email <input type="checkbox"/> Yes <input 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	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<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.			
Billy W McHone Printed Name of Signer		Billy W McHone Signature of Appointed Treasurer	
		7-5-2013 Date	



CITY OF RALEIGH
ELECTIONS

2013 JUL -9 PM 12:47

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North Carolina **RECEIVED**
State Board of Elections
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Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

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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).

Candidate Name: Billy W McName

Committee Name: McName FOR MAYOR

Treasurer Name: Billy W McName

If Candidate is own treasurer, designate an agent to carry out designations: Shirley B McName

Committee ID #: _____

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

I, Billy W McName, 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>All funds equal %</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: Billy W McName

Date: 7-5-2013

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