



Amendment  
 Yes  No

### Statement of Organization - Candidate Committee

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.

1. Committee Information			
a. Full Name		c. ID Number	
Penny M. Corpening for Council		ODU 473	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
902 2nd Ave Dr. NE Conover, NC 28613		7/18/11	
		e. Phone Number	
		888-312-0627	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Penny M. Corpening		ODU 473	
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
902 2nd Ave Dr. NE. Conover, NC 28613		Councilman	
		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Penny M. Corpening		Penny M. Corpening	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
Same		Same	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		<input type="checkbox"/> Add	<input type="checkbox"/> Add
Beverly M. Considine		<input type="checkbox"/> Remove	<input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		a. Financial Institution Full Name	
711 1st Ave. Pl. N.E. Conover, NC 28613		Peoples Bank	
		b. Purpose	
		Campaign	
c. Phone Number	d. Email Address	c. Account Code	d. Type
828-464-3705		PMC	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.			
Penny M. Corpening		Penny M. Corpening	7/18/11
Printed Name of Signer		Signature of Appointed Treasurer	Date



North Carolina  
 State Board of Elections  
 506 N Harrington Street  
 Raleigh, NC 27603



Kimberly Westbrook-Strach  
 Deputy Director – Campaign Reporting

Mailing Address  
 PO Box 27255  
 Raleigh, NC 27611-7255  
 (919) 733-7173  
 Fax: (919) 715-8047

**Certification of Treasurer**

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

**FILED BY:**

Candidate Name: Penny M. Corpening  
 Treasurer Name: Penny M. Corpening  
 Treasurer Address: 902 2nd Ave. Dr. N.E.  
 (include city, state, & zip) Conover, NC 28613  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 828-312-0627

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).

7/18/11  
 Date Signed

[Signature]  
 Signature of Candidate

**Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.**



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**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.**

**FILED BY:**

Committee Name: Penny M. Corpening for council  
 Treasurer Name: Penny M Corpening  
 Treasurer Address: 902 12nd Ave Dr NE  
 (include city, state, & zip) Conover, NC 28623  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 828-312-0627

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.

7/18/11  
 Date Signed

[Signature]  
 Signature

**Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.**



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**Confidential**

**Certification of Financial Account Information**

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

**FILED BY:**

Committee Name: \_\_\_\_\_

Treasurer Name: \_\_\_\_\_

Treasurer Address: \_\_\_\_\_

(include city, state, & zip)

Treasurer Phone: \_\_\_\_\_

**This page filed with the  
 State Board of Elections**

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Signature of Candidate or Treasurer



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

Candidate Name: Penny M. Carpening  
 Committee Name: Penny M. Carpening for Council  
 Treasurer Name: Penny M. Carpening  
 If Candidate is own treasurer, designate an agent to carry out designations: Beverly M. Considine  
 Committee ID #: ODU4Y3  
 Level Registered: [State] [County] If county, specify: \_\_\_\_\_

I, Penny M. Carpening, 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).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Hospice of Catawba County</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: [Handwritten Signature]  
 Date: 7/18/11

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