

RECEIVED  
JAN 17 2012

# 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).

By

## 1. Committee Information

a. Full Name Citizens to Elect Dan Hunsucker		c. ID Number
b. Mailing Address (include City, State and Zip Code) 3216 John Daniel Drive Conover, NC 28613		d. Date Organized 1/17/2012
		e. Phone Number 828-465-2802

## 2. Candidate Information Candidate's Primary Committee

a. Full Name Dan A. Hunsucker		e. Candidate ID Number	f. Party Affiliation Republican <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) 3216 John Daniel Drive Conover, NC 28613		g. Office Sought County Commisioner	
c. Phone Number 828-465-2802	d. Email Address kathy_hunsucker@hotmail.com	h. Next Election Year	i. Jurisdiction

Email copy of notices

## 3. Treasurer Information

a. Full Name Ken R. Hilderbran		4. Custodian of Books Information	
b. Mailing Address (include City, State, and Zip Code) PO Box 101 Conover, NC 28613		a. Full Name	
c. Phone Number 828-466-3484	d. Email Address krhilderbran@hotmail.com	b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address

I prefer to receive notices by email  Yes  No  Email copy of notices

## 5. Assistant Treasurer Information

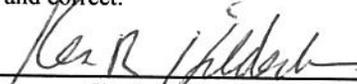
a. Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove	6. Account Information <small>(incl. CRO-3500)</small>		<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		a. Financial Institution Full Name Peoples Bank		b. Purpose Campaign Account	
c. Phone Number	d. Email Address	c. Account Code DAH	d. Type Checking		

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.

Ken R, Hilderbran  
Printed Name of Signer

  
Signature of Appointed Treasurer

1/17/2012  
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

**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: \_\_\_\_\_

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 an "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 monies 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 monies.

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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**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: Dan A. Hunsucker  
 Treasurer Name: Ken R. Hilderbran  
 Treasurer Address: PO Box 101  
 (include city, state, & zip) Conover, NC 28613  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 828-466-3484

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).

1-17-12  
 Date Signed

Ken R. Hilderbran  
 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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**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: Dan Hunsucker

Committee Name: Citizens to Elect Dan Hunsucker

Treasurer Name: Ken R. Hilderbran

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

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

Level Registered: [State] (County) If county, specify: Catawba

I, Dan Hunsucker, hereby direct that in the event of the death or incapacity of the  
(Name of candidate or estate representative)  
aforementioned candidate, all funds remaining in the 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>St Johns Church</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 or Representative:  Date: 1-17-12

If signed by an estate representative, indicate the date of candidate's death: \_\_\_\_\_

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