

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 (when amending, only re-submit if applicable).

Amendment
 Yes No

1. Committee Information

a. Full Name Crystal Shuandale Killian <i>Crystal Killian for Hickory City Council Ward 4</i>		c. ID Number MDU007
b. Mailing Address (include City, State and Zip Code) 512 3rd Avenue SW Hickory NC 28602		d. Date Organized 7-8-13
		e. Phone Number 8282285326

2. Candidate Information

<input type="checkbox"/> Candidate's Primary Committee		
a. Full Name Crystal Shuandale Killian	e. Candidate ID Number	f. Party Affiliation Democrat <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) 512 3rd Avenue SW Hickory NC 28602	g. Office Sought Hickory City Council Ward 4	
c. Phone Number 8282285326	d. Email Address Killian1978@msn.com	h. Next Election Year
<input type="checkbox"/> Email copy of notices		i. Jurisdiction

3. Treasurer Information

a. Full Name Jo'Von N. Callahan
b. Mailing Address (include City, State, and Zip Code) 3703-74 Cotswold Terrace Greensboro NC 27410-4300
c. Phone Number 336 587 6729
d. Email Address JoVon.kilian@hotmail.com

4. Custodian of Books Information

a. Full Name	b. Mailing Address (include City, State, and Zip Code)	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
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of notices	

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name Branch Banking and Trust	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Purpose Campaign finance	
c. Account Code 1234	d. Type checking

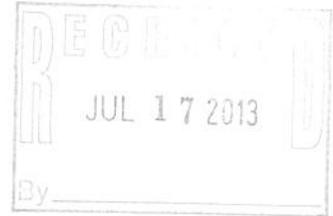
CERTIFICATION

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.

Jo'Von N. Callahan *Jo'Von N. Callahan* 7/17/2013
 Printed Name of Signer Signature of Appointed Treasurer Date



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



Kim Westbrook Strach
 Executive Director

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

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: Crystal Kilgus for Hickory City Council Ward 4

Treasurer Name: Joyon N. Callahan

Treasurer Address: 3703-74 Cotswold Terrace
 (include city, state, & zip) Greensboro NC 27410-9300

Treasurer Phone: 336-587-6729

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 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.

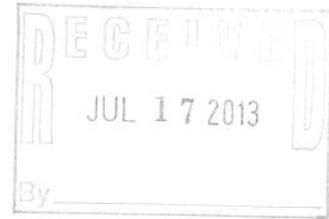
07/16/13
 Date Signed

Crystal Kilgus
 Signature

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



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



Kim Westbrook Strach
 Executive Director

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: Crystal S. Killion

Treasurer Name: Jo'ron D. Callahan

Treasurer Address: 3703-74 Cotswold Terrace
 (include city, state, & zip) Greensboro, NC 27410-9300

Treasurer Phone: 336-587-6729

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).

07/16/13
 Date Signed

Crystal S. Killion
 Signature of Candidate

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



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

Kim Westbrook Strach
 Executive Director

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

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: Crystal S. Killian
 Committee Name: Crystal Killian for Hixson City Council Ward #1
 Treasurer Name: Jo'Von N. Callahan

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

Committee ID #: MDU067
 Level Registered: [State] [County] If county, specify: Catawba

I, Crystal S. Killian (Name of Candidate) hereby direct that in the event of my

death or incapacity all 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 <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>Clinton's Corner of Catawba</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: Crystal Killian
 Date: 07/16/13

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