

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 | | c. ID Number |
| Committee to Elect Judy Hoke Sherrill | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Organized |
| PO Box 1288 , Newton, NC 28658 | | 6/18/2013 |
| | | e. Phone Number |
| | | 828-464-8839 |

2. Candidate Information

Candidate's Primary Committee

| | | | |
|--|------------------|-------------------------|----------------------|
| a. Full Name | | e. Candidate ID Number | f. Party Affiliation |
| Judy Hoke Sherrill | | | Republican |
| b. Mailing Address (include City, State, and Zip Code) | | g. Office Sought | |
| PO Box 1288 , Newton, NC 28658 | | Clerk of Superior Court | |
| c. Phone Number | d. Email Address | h. Next Election Year | i. Jurisdiction |
| 828-464-8839 | | 2014 | Catawba County |
| <input type="checkbox"/> Email copy of notices | | | |

3. Treasurer Information

| | |
|--|------------------|
| a. Full Name | |
| Cathie Hodnett | |
| b. Mailing Address (include City, State, and Zip Code) | |
| PO Box 1288 , Newton, NC 28658 | |
| c. Phone Number | d. Email Address |
| 828-312-4205 | |

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 |
| Judy Hoke Sherrill | | <input type="checkbox"/> Remove |
| b. Mailing Address (include City, State, and Zip Code) | | |
| PO Box 1288 , Newton, NC 28658 | | |
| c. Phone Number | d. Email Address | |
| 828-464-8839 | | |

6. Account Information (incl. CRO-3500)

| | | |
|------------------------------------|----------|---------------------------------|
| a. Financial Institution Full Name | | <input type="checkbox"/> Add |
| SECU | | <input type="checkbox"/> Remove |
| b. Purpose | | |
| Campaign Acct | | |
| c. Account Code | d. Type | |
| JHS | 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.

Judy H. Sherrill
Printed Name of Signer

Judy Hoke Sherrill
Signature of Appointed Treasurer

6/21/2013
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 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: Judy Hoke Sherrill
 Treasurer Name: Cathie Hodnett
 Treasurer Address: P O Box 1288
 (include city, state, & zip) Newton, NC 28658

 Treasurer Phone: 828-464-8839

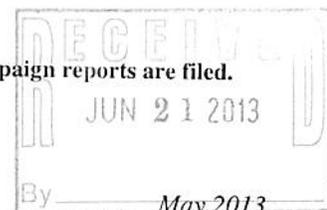
I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the 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).

6-21-13
 Date Signed

Judy Hoke Sherrill
 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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441 N Harrington Street
Raleigh, NC 27603

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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: Judy Hoke Sherrill

Committee Name: Committee to Elect Judy Hoke Sherrill

Treasurer Name: Cathie Hodnett

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

Committee ID #: _____

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

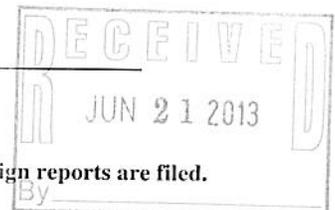
I, Judy Hoke Sherrill, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner 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>Newton-Conover Rotary</u> | <u>Backpack for Kids - 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: Judy Hoke Sherrill

Date: 6-21-13



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