

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 Committee to Elect Kyle J. Hayman		c. ID Number
b. Mailing Address (include City, State and Zip Code) PO Box 432, Conover, NC 28613		d. Date Organized 2/12/2015
		e. Phone Number 828-302-0364

2. Candidate Information

Candidate's Primary Committee

a. Full Name Kyle J. Hayman		e. Candidate ID Number	f. Party Affiliation (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code) PO Box 432, Conover, NC 28613		g. Office Sought Councilmen	
c. Phone Number 828-302-0364	d. Email Address kjhayman@charter.net	h. Next Election Year	i. Jurisdiction Conover
<input type="checkbox"/> Email copy of notices			

3. Treasurer Information

a. Full Name Kyle J. Hayman	
b. Mailing Address (include City, State, and Zip Code) PO Box 432, Conover, NC 28613	
c. Phone Number 828-466-1306	d. Email Address kjhayman@charter.net

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	

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name Peoples Bank		<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Purpose Campaign Account		
c. Account Code A	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.

Kyle J. Hayman
Printed Name of Signer


Signature of Appointed Treasurer

2/12/2015
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: Kyle J. Hayman
 Treasurer Name: Kyle J. Hayman
 Treasurer Address: PO Box 432
 (include city, state, & zip) Conover, NC 28613

 Treasurer Phone: 828-466-1306

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).

02/12/2015
 Date Signed

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

Candidate Name: Kyle J. Hayman

Committee Name: Committee to Elect Kyle J. Hayman

Treasurer Name: Kyle J. Hayman

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

Committee ID #: _____

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

I, Kyle J. Hayman hereby direct that in the event of my
 (Name of Candidate)

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).

<u>Name of Entity</u> <i>(Select from §163-278.16B(a))</i>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Concordia Lutheran Church</u>	<u>100%</u>
2. <u>Conover, NC</u>	_____
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: _____

Kyle J. Hayman

Date: _____

02/12/2015

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