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.

1. Committee Information

a. Full Name	c. ID Number
Citizens to Elect Lynn Lail	
b. Mailing Address (include City, State and Zip Code)	**d. Date Organized**
2359 Hwy. 70 SE #322 Hickory, NC 28602	01·11·2010
	e. Phone Number
	828·244·0584

2. Candidate Information ☐ Candidate's Primary Committee

a. Full Name	c. Candidate ID Number	d. Party Affiliation
Lynn Mull Lail		Republican
b. Mailing Address (include City, State, and Zip Code)	**e. Office Sought**	**f. Jurisdiction**
3619 Links Drive Conover, NC 28613	county Commissioner	Catawba County
	(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	

3. Treasurer Information

a. Full Name	
Jill Griffin	
b. Mailing Address (include City, State, and Zip Code)	
1375 LR Blvd. SE #209 Hickory, NC 28602	
c. Phone Number	**d. Email Address**
828·324·4546 x 303	jill.griffin@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**

5. Assistant Treasurer Information ☐ Add ☐ Remove

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	**d. Email Address**

6. Account Information *(incl. CRO-3500)* ☐ Add ☐ Remove

a. Financial Institution Full Name	
Peoples Bank	
b. Purpose	
checking account	
c. Account Code	**d. Type**
LML	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.

Jill Griffin	[signature]	01·11·10
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: Lynn Mull Lail

Treasurer Name: Jill Griffin

Treasurer Address: 1375 Lenoir Rhyne Blvd. SE #209
(include city, state, & zip) Hickory, NC 28602

Treasurer Phone: 828.324.4546 x 303

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).

01.11.2010
Date Signed

Lynn Mull Lail
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: Lynn Mull Lail

Committee Name: Citizens to Elect Lynn Lail

Treasurer Name: Jill Griffin

If Candidate is own treasurer, designate an agent to carry out designations: N/A

Committee ID #:

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

I, Lynn Mull Lail (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 *(Select from §163-278.16B(a))*	Plan for Disbursement (eg. Amount or %)
1. YMCA of Catawba Valley	50%
2. Hospice of Catawba County	50%
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: Lynn Mull Lail

Date: January 11, 2010

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