

COPY

FORSYTH COUNTY
STATE BOARD OF ELECTIONS
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-3570. AM 11: 51

1. Committee Information	
a. Full Name Hackelman for Board of Education	c. ID Number 2CQ78J
b. Mailing Address (include City, State and Zip Code) 618 Knollwood St. Winston Salem, NC 27103	d. Date Organized 2/26/10
	e. Phone Number 336-544-1270

2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee
a. Full Name Thomas William Hackelman	c. Candidate ID Number 2CQ78J	d. Party Affiliation Non Partisan Democrat
b. Mailing Address (include City, State, and Zip Code) 618 Knollwood St. Winston Salem, NC 27103	e. Office Sought Board of Education	f. Jurisdiction District 2
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)		

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Ken Graham	a. Full Name Ken Graham	b. Mailing Address (include City, State, and Zip Code) 5305 Ember Lane Kernersville NC 27284	b. Mailing Address (include City, State, and Zip Code) 5305 Ember Lane Kernersville NC 27103
c. Phone Number 722-4689	d. Email Address Kgraham1@Triad.rr.com	c. Phone Number 722-4689	d. Email Address Kgraham1@TRIAD.RR.COM

5. Assistant Treasurer Information		6. Account Information	
a. Full Name	a. Financial Institution Full Name BB&T	b. Purpose Campaign account	<input type="checkbox"/> Joint <input checked="" type="checkbox"/> Individual
b. Mailing Address (include City, State, and Zip Code)	c. Account Code	d. Type Checking	<input type="checkbox"/> Joint <input checked="" type="checkbox"/> Individual
c. Phone Number	d. Email Address		

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 Graham Printed Name of Signer Ken Graham Signature of Appointed Treasurer 3/8/10 Date



FORSYTH COUNTY
BOARD OF ELECTIONS

2010 MAR 17 AM 11:54

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

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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: Thomas Hackelman "Tom"
Treasurer Name: Ken Graham
Treasurer Address: 5305 Ember Lane
(include city, state, & zip) Kernersville, NC 27084

Treasurer Phone: 336-722-4689

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).

3-8-2010
Date Signed

Tom Hackelman
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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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: Hackelman for Board of Education
Treasurer Name: Ken Graham
Treasurer Address: 5305 Ember Lane
(include city, state, & zip) Kernersville NC 27284
Treasurer Phone: 336-722-4689

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 a "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 moneys 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 moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	BB&T	150 S. Stratford Rd. Winston Salem NC 27103	[REDACTED]	

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

3/8/2010
Date Signed

[Signature]
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.)

3/8/2010
Date Signed

[Signature]
Signature of Candidate or Treasurer



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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: Thomas Hackelman "Tom"

Committee Name: Hackelman for Board of Education

Treasurer Name: Ken Graham

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

Committee ID #: 2CQ78J

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

I, Tom Hackelman, 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).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Forsyth County Democrat Party</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:

Date: 3/8/2010

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