

# 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 Friends of Norman Holleman	c. ID Number
b. Mailing Address (include City, State and Zip Code) 1520 Doune Street. Winston Salem, N.C. 27127	d. Date Organized 12/1/15
	e. Phone Number (336) 703-2700

2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee
a. Full Name Charles Norman Holleman	e. Candidate ID Number	f. Party Affiliation Democrat <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) 1520 Doune St. Winston - Salem, N.C. 27127	g. Office Sought Register of Deeds	
c. Phone Number (336) 703-2700	d. Email Address normanholleman1@gmail.com	h. Next Election Year 2018
<input type="checkbox"/> Email copy of notices		i. Jurisdiction Forsyth County


3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Barbara Martin Kane	b. Mailing Address (include City, State, and Zip Code) 376 Park Blvd. Winston - Salem, N.C. 27127	a. Full Name same	b. Mailing Address (include City, State, and Zip Code)
c. Phone Number (804) 382-3896	d. Email Address biggieb.kane@gmail.com	c. Phone Number	d. Email Address
<input checked="" type="checkbox"/> I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	

5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name BB+T	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		b. Purpose checking Account	
c. Phone Number	d. Email Address	c. Account Code PHI	d. Type checking
<input type="checkbox"/> 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.

Barbara Martin Kane  
Printed Name of Signer

  
Signature of Appointed Treasurer

12/7/15  
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

**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.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

**FILED BY:**

Committee Name: Friends of Norman Holloman  
 Treasurer Name: Barbara Kane  
 Treasurer Address: 376 Park Blvd.  
 (include city, state, & zip) Winston-Salem, N.C. 27127  
 \_\_\_\_\_  
 Treasurer Phone: (804) 382-3896

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 at or 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.

12/1/15  
Date Signed

C. Kane  
Signature



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**Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

**FILED BY:**

Candidate Name: Charles Norman Holleman  
Treasurer Name: Barbara Kane  
Treasurer Address: 376 Park Blvd.  
(include city, state, & zip) Winston-Salem, N.C. 27127  
  
Treasurer Phone: (804) 382-3896

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).

12/1/15

Date Signed

C. Norman Holleman

Signature of Candidate



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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).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: Charles Norman Holleran

Committee Name: Friends of Norman Holleran

Treasurer Name: Barbara Kane

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

Committee ID #: \_\_\_\_\_

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

I, C. Norman Holleran, 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> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Forsyth County Democratic 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: C. Norman Holleran

Date: 12/1/15