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
Mike Horn For Mayor Committee	9CQ33N
b. Mailing Address (Include City, State and Zip Code)	**d. Date Organized**
1125 Fallbrook Lane Lewisville, NC 27023	7/7/15
	e. Phone Number
	336 414 4497

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Michael L. Horn	9CQ33N	Non Partisan (Indicate Non-partisan if applicable)

b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
1125 Fallbrook Lane Lewisville, NC 27023	MAYOR	
c. Phone Number / **d. Email Address**	**h. Next Election Year**	**i. Jurisdiction**
336 414 4497 / MIKEH@VELAAGENCY.COM	2015	Lewisville

☐ Email copy of notices

3. Treasurer Information

a. Full Name	
MICHAEL HORN	
b. Mailing Address (Include City, State, and Zip Code)	
1125 FALLBROOK LANE Lewisville, NC 27023	
c. Phone Number	**d. Email Address**
336 414 4497	MIKEH@VELAAGENCY.COM

I prefer to receive notices by email ☐ Yes ☒ No

4. Custodian of Books Information

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

☐ Email copy of notices

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5. Assistant Treasurer Information

☐ Add ☐ Remove

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

☐ Email copy of notices

6. Account Information (incl. CRO-3500)

☐ Add ☐ Remove

a. Financial Institution Full Name	
b. Purpose	
c. Account Code	**d. Type**

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.

Michael L Horn		7/7/15
Printed Name of Signer	Signature of Appointed Treasurer	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: Mike Horn For Mayor Committee

Treasurer Name: Michael L Horn

Treasurer Address: 1125 Fallbrook Lane

(include city, state, & zip) Lewisville, NC 27023

Treasurer Phone: 336.414.4497

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.

7/7/15
Date Signed

Signature

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 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: Michael L (Mike) Horn

Treasurer Name: Mike Horn

Treasurer Address: 1125 Fallbrook Lane

(include city, state, & zip) Lewisville, NC 27023

Treasurer Phone: 336-414-4497

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).

7/7/15
Date Signed

Signature of Candidate