

COPY

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).

Committee Information
Candidate Information
Treasurer Information
Assistant Treasurer Information
Account Information
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.
ROBERT BULTMAN
Printed Name of Signer
Signature of Appointed Treasurer
7/25/13
Date



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

COPY

2013 JUL 25 AM 11:55

RECEIVED

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: ROBERT BULTMAN

Treasurer Name: ROBERT BULTMAN

Treasurer Address: 223 MONTPELIER DR.
 (include city, state, & zip) WINSTON-SALEM, NC 27103

Treasurer Phone: _____

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).

7/25/13
 Date Signed

Robert Bultman
 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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COMMUNICATIONS

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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: ROBERT BULTMAN

Committee Name: ROBERT BULTMAN FOR WINSTON-SALEM

Treasurer Name: ROBERT BULTMAN

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

Committee ID #: _____

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

I, ROBERT BULTMAN, 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 <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>FORSYTH REPUBLICAN 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: Robert Bultman

Date: 7/25/13

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