

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).

2013 JUL 12 AM 11:02

|  |                                   |
|--|-----------------------------------|
| <b>1. Committee Information</b>  |                                   |
| a. Full Name<br>Committee To Elect Howard Hudson   | c. ID Number                      |
| b. Mailing Address (include City, State and Zip Code)<br>470 N. Avalon Road<br>Winston-Salem, NC 27104 | d. Date Organized<br>July 8, 2013 |
|  | e. Phone Number                   |

|  |   |  |                                  |
|--|---|--|----------------------------------|
| <b>2. Candidate Information</b>  |   | <input checked="" type="checkbox"/> Candidate's Primary Committee                          |                                  |
| a. Full Name<br>Howard Vinson Hudson Jr.   | e. Candidate ID Number<br>7CQWQK                            | f. Party Affiliation<br>Republican<br><small>(Indicate Non-partisan if applicable)</small> |                                  |
| b. Mailing Address (include City, State, and Zip Code)<br>470 N. Avalon Road<br>Winston Salem NC 27104 | g. Office Sought<br>Winston Salem City Council<br>West Ward |  |                                  |
| c. Phone Number<br>(336) 724-6267  | d. Email Address  | h. Next Election Year<br>2013  | i. Jurisdiction<br>Winston-Salem |
| <input type="checkbox"/> Email copy of notices   |   |  |                                  |

|  |   |  |                  |
|--|---|--|------------------|
| <b>3. Treasurer Information</b>  |   | <b>4. Custodian of Books Information</b> |                  |
| a. Full Name<br>Howard Vinson Hudson Jr.   | a. Full Name<br>Howard Vinson Hudson Jr.  |  |                  |
| b. Mailing Address (include City, State, and Zip Code)<br>470 N. Avalon Road<br>Winston-Salem NC 27104 | b. Mailing Address (include City, State, and Zip Code)<br>470 N. Avalon Road<br>Winston-Salem, NC 27104 |  |                  |
| c. Phone Number<br>(336) 724-6267  | d. Email Address  | c. Phone Number<br>(336) 724-6267        | d. Email Address |

I prefer to receive notices by email  Yes  No  Email copy of notices

|  |  |  |   |
|--|--|--|---|
| <b>5. Assistant Treasurer Information</b>              |  | <b>6. Account Information (incl. CRO-3500)</b>                         |   |
| a. Full Name   | <input type="checkbox"/> Add <input type="checkbox"/> Remove | a. Financial Institution Full Name<br>Branch Banking and Trust Company | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| b. Mailing Address (include City, State, and Zip Code) |  | b. Purpose<br>committee account  |   |
| c. Phone Number  | d. Email Address   | c. Account Code<br>hvhl  | d. Type<br>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.

Howard V. Hudson Jr.  
Printed Name of Signer

Howard Hudson Jr.  
Signature of Appointed Treasurer

July 8, 2013  
Date



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

**COPY**

2013 JUL 12 AM 11:02

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: Howard V. Hudson Jr.  
 Treasurer Name: Howard V. Hudson Jr.  
 Treasurer Address: 470 N. Avalon Road  
 (include city, state, & zip) Winston-Salem, NC 27104  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 336-724-6267

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).

July 8, 2013  
 Date Signed

Howard V. Hudson Jr.  
 Signature of Candidate

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



FORSYTH COUNTY  
RECORDS & ADMINISTRATION  
**COPY**

2013 JUL 12 AM 11:02

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

RECEIVED

Kim Westbrook Strach  
Executive Director

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

**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: Howard Vinson Hudson Jr.

Committee Name: Committee To Elect Howard Hudson

Treasurer Name: Howard V. Hudson Jr.

If Candidate is own treasurer, designate an agent to carry out designations: Patricia K. Hudson

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

Level Registered: [State] [County] If county, specify: \_\_\_\_\_

I, Howard V. Hudson Jr., 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<br>(Select from §163-278.16B(a)) | Plan for Disbursement (eg. Amount or %) |
|---|---|
| 1. <u>To Contributor(s)</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: Howard V. Hudson Jr.

Date: 7/11/13

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