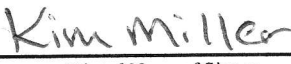
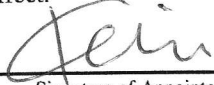


Statement of Organization - Candidate Committee

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.

1. Committee Information			
a. Full Name Committee to Elect Tom Gill		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 110 Walnut Street Black Mountain, NC 28711		d. Date Organized 7/6/2011	e. Phone Number (828) 239-0270
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name Clifford Thomas (Tom) Gill		c. Candidate ID Number	d. Party Affiliation Nonpartisan
b. Mailing Address (include City, State, and Zip Code) PO Box 597 Black Mountain, NC 28711		e. Office Sought Board of Aldermen	f. Jurisdiction Black Mountain
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Kimberly Ann Miller		a. Full Name Kathy Lynn Gill	
b. Mailing Address (include City, State, and Zip Code) 68 Woodcreek Cir Swannanoa, NC 28778		b. Mailing Address (include City, State, and Zip Code) PO Box 597 Black Mountain, NC 28711	
c. Phone Number 828-702-0658	d. Email Address kim@millerincwnc.com	c. Phone Number 828-669-3370	d. Email Address katfsh@tlrcs.com
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		FIFTH THIRD BANK	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose CAMPAIGN CONTRIBUTIONS AND EXPENSES	
c. Phone Number	d. Email Address	c. Account Code	d. Type CHECKING
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.			
 _____ Printed Name of Signer		 _____ Signature of Appointed Treasurer	
		7/6/11 _____ Date	



North Carolina
State Board of Elections

506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

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

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: Committee to Elect Tom Gill
 Treasurer Name: Kimberly A. Miller
 Treasurer Address: 68 Woodcreek Cir.
 (include city, state, & zip) Swannanoa, NC 28778
 Treasurer Phone: 828-702-0658

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	FIFTH THIRD BANK	128 MONTREAT RD BLACK MTN, NC 28711	[REDACTED]	

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

7/10/11
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.)

Date Signed

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: Clifford Thomas (Tom) Gill

Committee Name: Committee to Elect Tom Gill

Treasurer Name: Kimberly A. Miller

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

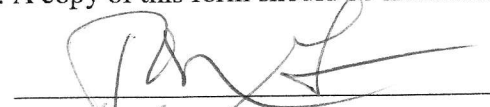
Committee ID #: _____

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

I, Clifford Thomas (Tom) Gill, 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> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Black Mountain Parks and Greenways, Inc.</u>	<u>100% to Black Mountain Town Square Project</u>
2. _____	<u>OR 100% to Black Mountain Parks and Rec.</u>
3. _____	<u>if Town Square property has been sold</u>
	<u>by the Town of Black Mountain.</u>

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: 7/6/2011

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