


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		c. ID Number	
Committee to Elect Marc Hunt			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
PO Box 18061 Asheville, NC 28814		4/21/11	
		e. Phone Number	
		828-273-2172	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
Marc Winger Hunt		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
55 Cambridge Rd Asheville NC, 28804	City Council	Asheville	
<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Arthur Kern Parker		Arthur Kern Parker	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
10 Northwood Rd Asheville, NC 28804		10 Northwood Rd Asheville, NC 28804	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-279-6089	a.kern.parker@gmail.com	828-279-6089	a.kern.parker@gmail.com
5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		Wachovia	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign account	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		1	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.			
Arthur K. Parker Printed Name of Signer		 Signature of Appointed Treasurer	4/27/11 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

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: Marc Winger Hunt

Treasurer Name: Arthur Kern Parker

Treasurer Address: 10 Northwood Rd

(include city, state, & zip) Asheville, NC 28804

Treasurer Phone: 828-279-6089

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).

4/27/11

Date Signed

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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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 Marc Hunt
 Treasurer Name: Arthur Kern Parker
 Treasurer Address: 10 Northwood Rd
 (include city, state, & zip) Asheville, NC 28804
 Treasurer Phone: 828-279-6089

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 an "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 monies 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 monies.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	Wachovia	800 Merrimon Ave Asheville, NC 28804	[REDACTED]	1

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

4/27/11

Date Signed

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.)