

Statement of Organization - Candidate Committee

Is this statement:

New

Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information

a. Name of Committee	d. ID Number		
Hank Guess for Mayor			
b. Mailing Address (include City, State and Zip Code)	e. Date Organized		
5142 Harris Farm Rd Hickory, NC 28602	6/9/2017		
c. Committee Website (Optional)	f. Phone Number		
	828-294-7757		

2. Candidate Information

a. Full Name	e. Party Affiliation		
Hank L. Guess	Non-Partisan		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
5142 Harris Farm Rd Hickory, NC 28602	Mayor		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
828-294-7757	hguess@charter.net	2025	City of Hickory
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Jeff Cline		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
623 4th St NE Hickory, NC 28601			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-308-5544	jeffcline5515@mac.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	

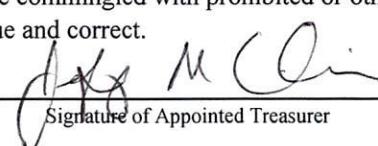
RECEIVED
JUL 25 2025
By _____

5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
N/A		Truist	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Account	
c. Phone Number	d. Email Address	b. Account Code	c. Type
		HLG	Checking
<input type="checkbox"/> Email copy of report notices			

I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.

JEFF M. CLINE

Printed Name of Treasurer



Signature of Appointed Treasurer

7/15/25

Date

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

Hank Guess

Printed Name of Candidate



Signature of Candidate

7/25/25

Date



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: Hank L. Guess

Committee Name: Hank Guess for Mayor

Treasurer Name: Jeff Cline

If Candidate is own treasurer, designate an agent to carry out designations: N/A

Committee ID#: _____

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

I, Hank L. Guess (Name of Candidate) 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
(Select from §163-278.16B(a))

Plan for Disbursement (eg. Amount or %)

1. <u>Pregnancy Care Center</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:

Date:

7/25/25