

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 Hank Guess for Mayor		d. ID Number	
b. Mailing Address (include City, State and Zip Code) 5142 Harris Farm Rd Hickory, NC 28602		e. Date Organized 6/9/2017	
c. Committee Website (Optional)		f. Phone Number 828-294-7757	
2. Candidate Information			
a. Full Name Hank L. Guess		e. Party Affiliation Non-Partisan	
b. Mailing Address (include City, State, and Zip Code) 5142 Harris Farm Rd Hickory, NC 28602		f. Office Sought Mayor	
c. Phone Number 828-294-7757	d. Email Address hguess@charter.net	g. Next Election Year 2025	h. Jurisdiction City of Hickory
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Jeff Cline		a. Full Name N/A	
b. Mailing Address (include City, State, and Zip Code) 623 4th St NE Hickory, NC 28601		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 828-308-5544	d. Email Address jeffcline5515@mac.com	c. Phone Number	d. Email Address
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)			
a. Full Name N/A		a. Financial Institution Full Name Truist	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Campaign Account	
c. Phone Number	d. Email Address	b. Account Code HLG	c. Type Checking
<input type="checkbox"/> Email copy of report notices			
6. Account Information (incl. CRO-3500)			
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] M Cline Signature of Appointed Treasurer	
		7/25/25 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] 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 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> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
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: [Signature]
Date: 7/25/25