

# Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> 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.

<b>1. Committee Information</b>							
a. Name of Committee				d. ID Number			
Danny Hipps for Maiden Town Council							
b. Mailing Address (include City, State and Zip Code)				e. Date Organized			
620 W School St Maiden, NC 28650				7/6/2021			
c. Committee Website (Optional)				f. Phone Number			
				828-428-0636			
<b>2. Candidate Information</b>							
a. Full Name				e. Party Affiliation			
Daniel Leslie Hipps				Non-Partisan			
b. Mailing Address (include City, State, and Zip Code)				f. Office Sought			
620 W School St Maiden, NC 28650				Council			
c. Phone Number		d. Email Address		g. Next Election Year		h. Jurisdiction	
828-428-0636		dannyhipps@charter.net		2021		Maiden	
<input type="checkbox"/> Email copy of report notices							
<b>3. Treasurer Information</b>				<b>4. Assistant Treasurer Information</b>			
a. Full Name				a. Full Name			
Daniel Leslie Hipps				N/A			
b. Mailing Address (include City, State, and Zip Code)				b. Mailing Address (include City, State, and Zip Code)			
620 W School St Maiden, NC 28650							
c. Phone Number		d. Email Address		c. Phone Number		d. Email Address	
828-428-0636		dannyhipps@charter.net					
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Email copy of report notices			
<b>5. Custodian of Books Information (Keeper of Records)</b>				<b>6. Account Information (incl. CRO-3500)</b>			
a. Full Name				a. Financial Institution Full Name			
N/A				N/A			
b. Mailing Address (include City, State, and Zip Code)				b. Purpose			
c. Phone Number		d. Email Address		b. Account Code		c. Type	
<input type="checkbox"/> Email copy of report notices							
<p>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.</p> <p> <u>Daniel Leslie Hipps</u>      <u>Daniel Leslie Hipps</u>      <u>7-6-2021</u>                  Printed Name of Treasurer      Signature of Appointed Treasurer      Date             </p> <p>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.</p> <p> <u>Daniel Leslie Hipps</u>      <u>Daniel Leslie Hipps</u>      <u>7-6-2021</u>                  Printed Name of Candidate      Signature of Candidate      Date             </p>							





# 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: Daniel Leslie Hipps  
 Committee Name: Danny Hipps for Maiden Town Council  
 Treasurer Name: Daniel Leslie Hipps  
 If Candidate is own treasurer, designate an agent to carry out designation: Melinda Hipps  
 Committee ID#: \_\_\_\_\_  
 Level Registered: [State] [County] If county, specify: Catawba

I, Daniel Leslie Hipps 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 <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>Hospice Of Catawba</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: 7-6-2021