

COPY

Amendment

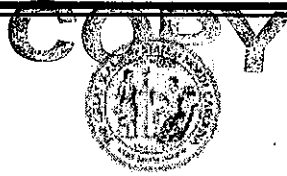
 Yes No

Statement of Organization - Candidate Committee

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 (when amending, only re-submit if applicable).

1. Committee Information			
a. Full Name Jack Ingle for Council		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 6840 Greenbrook Drive, Clemmons, NC 27012		d. Date Organized 6/18/2013	
		e. Phone Number 336-778-2766	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name Jack R. Ingle, Jr		e. Candidate ID Number	f. Party Affiliation Non-Partison (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code) 6840 Greenbrook Drive, Clemmons, NC 27012		g. Office Sought Council	
c. Phone Number 336-778-2766	d. Email Address inglejr26@att.net	h. Next Election Year 2013	i. Jurisdiction Clemmons
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Jack R. Ingle, Jr		a. Full Name Jack R. Ingle, Jr.	
b. Mailing Address (include City, State, and Zip Code) 6840 Greenbrook Drive, Clemmons, NC 27012		b. Mailing Address (include City, State, and Zip Code) 6840 Greenbrook Drive, Clemmons, NC 27012	
c. Phone Number 336-778-2766	d. Email Address inglejr26@att.net	c. Phone Number 336-778-2766	d. Email Address inglejr26@att.net
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name First Citizens Bank	b. Purpose CAMPAIGN FINANCES
b. Mailing Address (include City, State, and Zip Code)		c. Account Code JEFC	d. Type Checking
c. Phone Number	d. Email Address		
<input type="checkbox"/> Email copy of notices			
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.			
Jack R. Ingle, Jr Printed Name of Signer		Jack R Ingle Jr Signature of Appointed Treasurer	6/18/2013 Date



FORSYTH COUNTY
BOARD OF ELECTIONS

2013 JUN 18 AM 10:29

North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

RECEIVED

Kim Westbrook Strach
Executive Director

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: JACK R Ingle, Jr

Treasurer Name: JACK R Ingle, Jr

Treasurer Address: 6840 Greenbrook Dr

(include city, state, & zip) Clemmons, NC 27012

Treasurer Phone: 336-778-2766

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).

6-18-2013
Date Signed

Jack R Ingle, Jr
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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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: JACK Ingle

Committee Name: JACK Ingle for Council

Treasurer Name: JACK Ingle

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

Committee ID #: _____

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

I, PAT Ingle, 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 <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>Hospice & Palliative Care</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: Jack R Ingle, D

Date: 6-18-2013

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