

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

1. Committee Information			
a. Full Name		c. ID Number	
Committee to Elect Mike Ratkowski			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
150 ARGYLL AVE Aberdeen NC 28315		7-16-15	
		e. Phone Number	
		910 975 6019	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		b. Candidate ID Number	c. Party Affiliation
Michael Thomas Ratkowski Jr.			non <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
130 ARGYLL AVE Aberdeen NC 28315		Town Commissioner	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
910 975 6019	Mike@faithousebrewery.com		Aberdeen
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Jennifer Renee Hillard		Jennifer Renee Hillard	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
130 Argyll Ave Aberdeen NC 28315		130 Argyll Ave Aberdeen NC 28315	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910 246 5113	Jennifer@faithousebrewery.com		
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information	
a. Full Name		a. Financial Institution Full Name	
		BB-T	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign operations	
c. Phone Number	d. Email Address	e. Account Code	f. Type
		1	checking
<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.			
Jennifer R. Hillard			7/24/15
Printed Name of Signer		Signature of Appointed Treasurer	Date

RECEIVED

MOORE BOE



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

RECEIVED

JUL 24 2015

MOORE BOE

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

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

FILED BY:

Candidate Name: Michael T Rotkowski jr
Treasurer Name: Jennifer Hillard
Treasurer Address: 130 Argyll Ave
(include city, state, & zip) Aberdeen NC 28315

Treasurer Phone: 910-633-0615

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).

24 July 15
Date Signed

[Signature]
Signature of Candidate



RECEIVED

JUL 24 2015

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

MOORE BOE

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173

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 Mike Pitkowski
Treasurer Name: Jennifer Hillard
Treasurer Address: 130 Argyll Ave
(include city, state, & zip) Aberdeen NC
Treasurer Phone: 910-633-0615

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 is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. **Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on 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 moneys 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 moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	BBFT	1803 N sandhills Blvd Aberdeen NC	[REDACTED]	1

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

24 July 15
Date Signed

[Signature]
Signature of Candidate or Treasurer

For Candidate Committees Only

In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

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

24 July 15
Date Signed

[Signature]
Signature of Candidate or Treasurer