

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.

1. Candidate Information	
a. Full Name MICHAEL H. CURLEY	c. ID Number 44LD69
b. Mailing Address (include City, State and Zip Code) 804 SOUTH SHORE DR SURF CITY, NC 28445	d. Date Organized 07/06/09
	e. Phone Number 910 328 5804

2. Candidate Information		
a. Full Name MICHAEL H CURLEY	c. Candidate ID Number	d. Party Affiliation DEM
b. Mailing Address (include City, State, and Zip Code) 804 SOUTH SHORE DR SURF CITY, NC 28445	e. Office Sought COUNCILMAN	f. Jurisdiction SURFCITY
<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>		

3. Financial Institution Information	
a. Full Name BOYCE KAY	a. Full Name 1
b. Mailing Address (include City, State, and Zip Code) PO BOX 2835 SURF CITY, NC 28445	b. Mailing Address (include City, State, and Zip Code)
c. Phone Number 910 328 1514	d. Email Address

4. Financial Institution Information			
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type

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.

MICHAEL H CURLEY  **07/06/09**
 Printed Name of Signer Signature of Appointed Treasurer Date



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

Kimberly Westbrook-Strach
 Deputy Director – Campaign Reporting

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:

MICHAEL H GURLEY

Treasurer Name:

BOUCE KAY

Treasurer Address:

PO BOX 2835

(include city, state, & zip)

SURF CITY, NC 28445

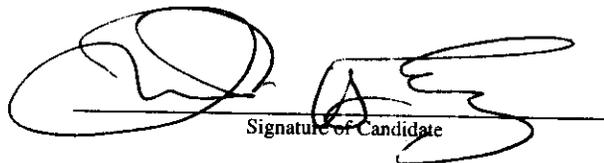
Treasurer Phone:

910-328-1514

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).

07/06/09
 Date Signed


 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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Certification of Threshold

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$3,000 in the current election cycle

FILED BY:

Committee Name: MICHAEL H. CURLEY

Treasurer Name: BOYCE KAY

Treasurer Address: PO Box 2835

(include city, state, & zip) SOLE CITY, NC 28445

Treasurer Phone: 910 3281514

Check One:

I certify that this committee intends to neither receive nor expend more than \$3,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$3,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain under the \$3000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

07/06/09
 Date Signed

[Signature]
 Signature

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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: MICHAEL H CURLEY
Treasurer Name: BOYCE KAY
Treasurer Address: PO Box 2835
(include city, state, & zip) SURFCITY, NC 28445
Treasurer Phone: 910 328 1514

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 would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "account code" in order to provide account information on required disclosure 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	BANK of AMERICA	SURFCITY		MC

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

07/07/09
Date Signed

[Signature]
Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

Date Signed

Signature of Candidate or Treasurer



REC'D SEP 23 2009

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Deputy Director – Campaign Reporting

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(919) 733-7173
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Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED BY:

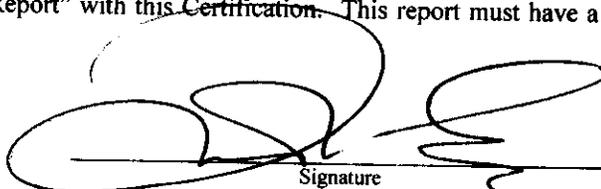
Committee Name: MICHAEL CURLEY FOR COUNCIL
Treasurer Name: BOYCE KAY
Treasurer Address: PO Box 2835
(include city, state, & zip) SURFCITY, NC 28445

Treasurer Phone: 910-328-1514

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$3,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$3,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

12/22/09
Date Signed


Signature

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