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North Carolina
State Board of Elections
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Kim Westbrook Strach
Executive Director

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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: TOM F MARK
Committee Name: COMMITTEE TO RE-ELECT TOM F MARK
Treasurer Name: WILFRED R CHAGNON

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

Committee ID #: _____
Level Registered: [State] [County] If county, specify: CRAVEN

I, TOM F MARK hereby direct that in the event of my
(Name of Candidate)

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 <i>(Select from §163-278.16B(a))</i>	Plan for Disbursement (eg. Amount or %)
1. <u>CRAVEN COUNTY REPUBLICAN MEN'S CLUB</u>	<u>50%</u>
2. _____	_____
3. <u>CRAVEN COUNTY "RELAY FOR LIFE"</u>	<u>50%</u>

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: Tom F Mark

Date: 10/10/2013

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