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

# 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: Charles "Mike" Traylor

Committee Name: Charles "Mike" Traylor

Treasurer Name: Charles "Mike" Traylor

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

Committee ID #: _____

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

---

I, Charles "Mike" Traylor, 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 *(Select from §163-278.16B(a))* | Plan for Disbursement (eg. Amount or %) |
|---|---|
| 1. ST. JUDE Children Hosp. | 100% |
| 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: Charles M Traylor

Date: 7-17-09

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