



North Carolina  
 State Board of Elections  
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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: Bill Joiner

Committee Name: Committee to Elect Bill Joiner

Treasurer Name: Bill Joiner

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

Committee ID #: \_\_\_\_\_

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

I, Bill Joiner, 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 <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>Shrine Hospital</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: Billy R. Joiner

Date: 12 July 09

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