

JUL 26 2013

Amendment  
 Yes  No

**Statement of Organization - Candidate Committee**

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   |  |
| Robert Ageenko for Cornelius Board 2013   |                           | 3GX48H   |  |
| b. Mailing Address (include City, State and Zip Code)   |                           | d. Date Organized                                      |  |
| PO Box 2007<br>Cornelius, NC 28031  |                           | 07/26/2013   |  |
|   |                           | e. Phone Number  |  |
|   |                           | (704) 987-9048   |  |
| 2. Candidate Information  |                           |  | <input type="checkbox"/> Candidate's Primary Committee |
| a. Full Name  |                           | e. Candidate ID Number                                 | f. Party Affiliation                                   |
| Robert Ageenko  |                           | 3GX48H   | Independent<br>(Indicate Non-partisan if applicable)   |
| b. Mailing Address (include City, State, and Zip Code)  |                           | g. Office Sought                                       |  |
| 17512 SAIL View DR<br>Cornelius, NC 28031   |                           | Cornelius Board of Commissioners                       |  |
| c. Phone Number   | d. Email Address          | h. Next Election Year                                  | i. Jurisdiction  |
| (704) 987-9048  | ageenko@LKNIndustries.com | 2015   | Cornelius  |
| <input checked="" type="checkbox"/> Email copy of notices   |                           |  |  |
| 3. Treasurer Information  |                           | 4. Custodian of Books Information                      |  |
| a. Full Name  |                           | a. Full Name   |  |
| Robert Ageenko  |                           | Olesya A. Watchorn                                     |  |
| b. Mailing Address (include City, State, and Zip Code)  |                           | b. Mailing Address (include City, State, and Zip Code) |  |
| PO Box 2007<br>Cornelius, NC 28031  |                           | 7513 Mariner Cove DR<br>Cornelius, NC 28031            |  |
| c. Phone Number   | d. Email Address          | c. Phone Number  | d. Email Address                                       |
| (704) 987-9048  | ageenko@LKNIndustries.com | (704) 892-4880   | oawatchorn@aol.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 (incl. CRO-3500)                |  |
| a. Full Name  |                           | a. Financial Institution Full Name                     |  |
|   |                           | Wells Fargo Bank                                       |  |
| b. Mailing Address (include City, State, and Zip Code)  |                           | b. Purpose   |  |
|   |                           | Political/Election Campaign                            |  |
| c. Phone Number   | d. Email Address          | c. Account Code  | d. Type  |
|   |                           | Figgo  | DDA/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. |                           |  |  |
| Robert Ageenko  |                           | 07/26/2013   |  |
| Printed Name of Signer  |                           | Date   |  |
|   |                           | Signature of Appointed Treasurer                       |  |



MECKLENBURG COUNTY

JUL 26 2013

BOARD OF ELECTIONS

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

Kim Westbrook Strach  
Executive Director

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: Robert Ageenko  
Treasurer Name: Robert Ageenko  
Treasurer Address: 17512 Sail View DR  
(include city, state, & zip) Corvelius, NC 28031  
  
Treasurer Phone: (704) 987-9048

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).

07/26/2013  
Date Signed

[Signature]  
Signature of Candidate

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



MECKLENBURG COUNTY

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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: Robert Ageenka

Committee Name: Robert Ageenka for Cornelius Board 2013

Treasurer Name: Robert Ageenka

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

Committee ID #: 3GX48H

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

I, Robert Ageenka, 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<br><small>(Select from §163-278.16B(a))</small> | Plan for Disbursement (eg. Amount or %) |
|--|---|
| 1. <u>Contributors (\$6)</u>                                   | <u>100%, proportionally</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: [Signature]

Date: 07/28/2013

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