



NORTH CAROLINA STATE BOARD OF ELECTIONS

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).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: THOMAS HILL

Committee Name: THOMAS FOR LIBERTY

Treasurer Name: THOMAS HILL

If Candidate is own treasurer, designate an agent to carry out designations: M.D. HILL

Committee ID #: _____

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

I, THOMAS HILL, 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).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>ST. JUDE'S 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: *Thomas B Hill*

Date: 12/30/2019