

Statement of Organization - Candidate Committee

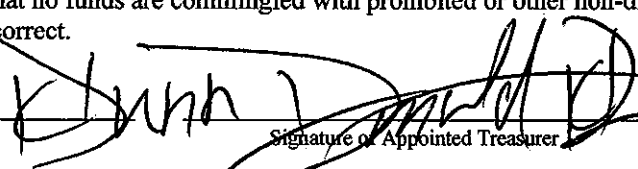
Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500.

Amendment

☐ Yes ☒ No

COPY

1. Committee Information			
a. Full Name		c. ID Number	
Committee Dunn4Schools		513762271	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
8580 Brook Meadow Ct Lewisville, NC 27023		2/25/2010	
		e. Phone Number	
		3369450115	
2. Candidate Information <input checked="" type="checkbox"/> Candidate's Primary Committee			
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Donald Kennedy Dunn			NP
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
8580 Brook Meadow Ct. Lewisville, NC 27023		Board of Ed	2
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Donald K. Dunn		Donald K. Dunn	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
8580 Brook Meadow Ct Lewisville, NC 27023		8580 Brook Meadow CT Lewisville, NC 27023	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
3369450115	dkdunn1@aol.com	3369450115	dkdunn1@aol.com
5. Assistant Treasurer Information <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove		6. Account Information (and CRO-3500) <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
		First Citizens Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		bus	checking
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.			
Printed Name of Signer		Signature of Appointed Treasurer	
DONALD K. DUNN			
		Date	
		3/18/10	



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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 27611-2555
(919) 733-1733
Fax: (919) 715-0047

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FORSYTH COUNTY
BOARD OF ELECTIONS

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: Donald Dunn
Treasurer Name: Donald K. Dunn
Treasurer Address: 8580 Brook Meadow Ct.
(include city, state, & zip) Lewisville NC 27023

Treasurer Phone: 336 945-0115

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)

3/8/10
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.



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State Board of Elections

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Raleigh, NC 27603

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

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Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form.

FILED BY:

Committee Name: Committee to Donald Dunn
Treasurer Name: Donald Dunn
Treasurer Address: 8580 Brook Meadow Ct.
(include city, state, & zip) Lewisville, NC 27023
Treasurer Phone: 336 945 0115

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BOARD OF ELECTIONS

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market accounts, savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number an "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all monies of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other monies.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	First Citizens	Winston-Salem, NC	[REDACTED]	Bus

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

3/8/10
Date Signed

[Signature]
Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)



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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 nine allowable methods outlined in 163-278.16B(a).

Candidate Name: Donald Dunn

Committee Name: Committee to Elect Donald Dunn

Treasurer Name: Donald Dunn

If Candidate is own treasurer, designate an agent to carry out designations: William Allen Pass

Committee ID #:

Level Registered: [State] [County] If county, specify: North Carolina, Forsyth

I, Donald Dunn, 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. Forsyth Education Partnership	50%
2. Winston-Salem State University General Fund	50%
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:

Date:

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