

COPY

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

1. Committee Information			
a. Full Name		c. ID Number	
Elisabeth Motsinger for School Board		YCQLGV	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
6548 Woodmere Drive Walkertown, N.C. 27051		2/18/10	
		e. Phone Number	
		336-793-5222	
2. Candidate Information			
a. Full Name		<input type="checkbox"/> Candidate's Primary Committee	
Elisabeth Motsinger			
b. Mailing Address (include City, State, and Zip Code)		c. Candidate ID Number	d. Party Affiliation
6548 Woodmere Drive Walkertown		YCQLGV	Nonpartisan
		e. Office Sought	f. Jurisdiction
		WS/FC Board of Education	At Large
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information			
a. Full Name		4. Custodian of Books Information	
Shawn Dixon Angell		a. Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
4021-M Whirlaway Court Clemmons, N.C. 27012			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-766-0392	shawnangell@aol.com		
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
N/A		Southern Community Bank and Trust	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Elisabeth Motsinger for School Board checking account	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		5081	Checking

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FORSYTH COUNTY
BOARD OF ELECTIONS

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.

Shawn Dixon Angell

Printed Name of Signer

Shawn Dixon Angell

Signature of Appointed Treasurer

2/18/10

Date



COPY

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

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:

Elisabeth Motsinger

Treasurer Name:

Shawn Angell

Treasurer Address:

4021-M Whirlaway Court

(include city, state, & zip)

Clemmons, N.C. 27012

Treasurer Phone:

336-766-0392

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).

2/18/10
Date Signed

Elisabeth Motsinger
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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FORSTYTH COUNTY
BOARD OF ELECTIONS

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: Elisabeth Motsinger for School Board
Treasurer Name: Shawn Angell
Treasurer Address: 4021-M Whirlaway Court
(include city, state, & zip) Clemmons N.C. 27012
Treasurer Phone: 336-766-0392

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 or 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 a "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 moneys 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 moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	Southern Community Bank	500 S. Stratford Rd Winston-Salem, N.C. 27103	[REDACTED]	SCB1

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

2/18/10
Date Signed

Shawn Angell
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.)

Date Signed

Signature of Candidate or Treasurer



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State Board of Elections
506 N Harrington Street
Raleigh, NC 27603

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Deputy Director – Campaign Reporting

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

Candidate Name: Elisabeth Motzinger
Committee Name: Elisabeth Motzinger for School Board
Treasurer Name: Shawn Dixon Angell
If Candidate is own treasurer, designate an agent to carry out designations: _____
Committee ID #: YCQ L6V
Level Registered: [State] [County] If county, specify: Forsyth

I, Elisabeth Motzinger
(Name of Candidate) hereby direct that in the event of my death or incapacity all 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. <u>Forsyth County Democratic Party</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: Elisabeth Motzinger
Date: 2/18/10

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