

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 | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | | |
|---|--|--|------------------|
| 1. Committee Information | | | |
| a. Full Name | | c. ID Number | |
| Committee to Elect Jim Toole | | OCQVAL | |
| b. Mailing Address (include City, State, and Zip Code) | | d. Date Organized | |
| POB 25333 WS NC 27114-5333 | | 2/25/2010 | |
| | | e. Phone Number | |
| | | 336 768 8217 | |
| 2. Candidate Information | | <input type="checkbox"/> Candidate's Primary Committee | |
| a. Full Name | c. Candidate ID Number | d. Party Affiliation | |
| Jim Toole | OCQVAL | Non Partisan | |
| b. Mailing Address (include City, State, and Zip Code) | e. Office Sought | f. Jurisdiction | |
| 109 Shady Lawn Dr WS NC 27104 | School board | 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 | | |
| Shawn Angell | | | |
| b. Mailing Address (include City, State, and Zip Code) | b. Mailing Address (include City, State, and Zip Code) | | |
| 4021-W Whirlaway Ct Clemmons, NC 27012 | | | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Address |
| 336 766 0392 | Shawn.angell@aol.com | | |
| 5. Assistant Treasurer Information | | 6. Account Information (and CRO-3500) | |
| a. Full Name | a. Financial Institution Full Name | b. Purpose | |
| | Fidelity Bank | Campaign Contributions | |
| b. Mailing Address (include City, State, and Zip Code) | c. Account Code | d. Type | |
| | Too | checking | |
| c. Phone Number | d. Email Address | | |
| | | | |
| 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 Angell | | Shawn Angell | |
| Printed Name of Signer | | Signature of Appointed Treasurer | |
| | | 3/8/10 | |
| | | Date | |

CRO-2100A

NC State Board of Elections

December 2007

FORSYTH COUNTY
 BOARD OF ELECTIONS
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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 27611-7255
(919) 763-7173
Fax: (919) 745-8047

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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: Jim Toole

Treasurer Name: Shawn Angell

Treasurer Address: 4021-W Whirlaway Ct
(include city, state, & zip) Clemmons, NC 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).

March 8, 2010
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.



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 27611-2755
(919) 733-7173
Fax: (919) 715-8047

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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:

Committee to Elect Jim Toole

Treasurer Name:

Shawn Ansell

Treasurer Address:

4021-M Whirlaway Ct

(include city, state, & zip)

Clemmons, NC 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 | Fidelity Bank | 3306 Hedy Dr | [REDACTED] | 100 |
| | | Routing # | [REDACTED] | |

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

March 8, 2010
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.)

Date Signed

Signature of Candidate or Treasurer



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

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

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FORSYTH COUNTY
BOARD OF ELECTIONS
Mailing Address
PO Box 27055
Raleigh, NC 27611-7255
(919) 733-7773
Fax: (919) 715-8047

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: Jim Toole
Committee Name: Committee to elect Jim Toole
Treasurer Name: Shawn Angell
If Candidate is own treasurer, designate an agent to carry out designations: _____
Committee ID #: CCVAL
Level Registered: [State] [County] If county, specify: Forsyth

I, Jim Toole, 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. <u>Y-Adventure Guides</u> | <u>100%</u> |
| 2. <u>Partnering with youth</u> | |
| 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: March 5, 2010

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