

# COPY

## Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee. Amendment  
☐ Yes ☐ No  
This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

<b>1. Committee Information</b>			
a. Full Name <i>Committee to Elect Suzanne Carroll</i>		d. ID Number <i>2014 MAR 17 PM 4:11</i>	
b. Mailing Address (include City, State and Zip Code) <i>6482 Styers Ferry Road Clemmons, NC 27012</i>		d. Date Organized <i>2/26/14</i>	
		e. Phone Number <i>336. 778. 2513</i>	
<b>2. Candidate Information</b>			
a. Full Name <i>Suzanne April Carroll</i>		e. Candidate ID Number <i>8CQ9V6</i>	<input type="checkbox"/> Candidate's Primary Committee
b. Mailing Address (include City, State, and Zip Code) <i>6482 Styers Ferry Road Clemmons, NC 27012</i>		f. Party Affiliation <i>Democrat</i> <small>(Indicate Non-partisan if applicable)</small>	
c. Phone Number <i>336-778-2513</i>	d. Email Address <i>suzanneaprilcarroll@gmail.com</i>	g. Office Sought <i>Board of Education @ Lage</i>	
<input checked="" type="checkbox"/> Email copy of notices		h. Next Election Year <i>2014</i>	i. Jurisdiction
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name <i>Suzanne A. Carroll</i>		a. Full Name <i>Suzanne A. Carroll</i>	
b. Mailing Address (include City, State, and Zip Code) <i>same</i>		b. Mailing Address (include City, State, and Zip Code) <i>same</i>	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		<i>Allegany Federal Credit Union</i>	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose <i>Committee to Elect Suzanne Carroll finances</i>	
c. Phone Number	d. Email Address	c. Account Code <i>Mayle</i>	d. Type <i>checking</i>
<input type="checkbox"/> Email copy of notices			
<b>CERTIFICATION</b>			
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.			
<i>Suzanne A. Carroll</i> Printed Name of Signer		<i>Suzanne A. Carroll</i> Signature of Appointed Treasurer	<i>3/17/14</i> Date

COPY



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

FORSYTH COUNTY  
BOARD OF ELECTIONS

2014 MAR 17 PM 4:11

RECEIVED

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:

Suzanne Carroll

Treasurer Name:

Suzanne A. Carroll

Treasurer Address:

6482 Ofers Ferry Road

(include city, state, & zip)

Clemmons, NC 27012

Treasurer Phone:

336. 778-2513

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).

3/17/14

Date Signed

Suzanne A. Carroll

Signature of Candidate

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

COPY



FORSYTH COUNTY  
BOARD OF ELECTIONS

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

2014 MAR 17 PM 4:11

RECEIVED

Kim Westbrook Strach  
Executive Director

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
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: Suzanne A. Carroll

Committee Name: Committee to Elect Suzanne Carroll

Treasurer Name: Suzanne A. Carroll

If Candidate is own treasurer, designate an agent to carry out designations: Delmas Parker

Committee ID #: \_\_\_\_\_

Level Registered: [State] [County] If county, specify: Forsyth County School Board

I, Suzanne A. Carroll, 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>Forsyth County Democratic Party</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: Suzanne A. Carroll

Date: 3/17/14

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