Statement of Organization - Candidate Committee

Amendment Yes 🛛 No

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This form must	be economical i	he frame CDO 2	100 FHAN JH		2: 17 iding, only re-subr	
This form must	be accompanied	by forms CRO-3	100 and CKU-35	00 (when amer	iding, only re-subr	nit if applicable).
1 ()						

1. Committee Information		것이다. 영국의					
a. Full Name	RECEIVE	<u>:U</u>	c. ID Number				
Clark For School Board 2014							
b. Mailing Address (include City, State and Zip Code)			d. Date Organized				
1830 Darwich Rd.			1-22-2014				
Winston-Salen, NC 27127	•		e. Phone Number				
			336-970-0691				
2. Candidate Information							
a. Full Name	e. Candidate ID Number		f. Party Affiliation				
Lori Goins Clark			(Indicate Non-partisan if applicable)				
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought						
230 Arrowicat Dr. Lewisnile NC 27023	BOE - Board of Education						
c. Phone Number d. Email Address	h. Next Election Year i. Jurisdiction						
336-682-8212 LORILA. LORIALVINA	In These Enection Teal						
	2014						
Email copy of notices @ YANDO COM 3. Treasurer Information	(C						
a. Full Name	4. Custodian of Books Information a. Full Name						
Monica J. Jones	a, r on Ivanie						
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)						
1830 Darwick Rd.							
Winston-Salem, NC 27127							
c. Phone Number d. Email Address	c. Phone Number	d. Email Address					
336-970-0691 monical Salembenefits. or	~						
I prefer to receive notices by email Yes 🗋 No 🖵 Email copy of notices							
	6. Account Inform		. CRO-3500) 🖂 Add				
a. Full Name	a. Financial Institution	ancial Institution Full Name					
	Bank of The Carolina's						
b. Mailing Address (include City, State, and Zip Code) b. Purpose							
	Campaign	3					
c. Phone Number d. Email Address	c. Account Code	d. Type					
	0(Qhad					
Email copy of notices	0(. Check	ung				
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.							
Monica J. Jones Mondant 1-22-2014							
Printed Name of Signer Signature of Appointed Treasurer Date							

CRO-2100A

COPY

TERSYSTECTIONTY TEASO SECTOTIONS

2014 JAN 22 PH 12: 17

RECEIVED

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

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:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

alk Mal 336-97

Treasurer Phone:

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).

Signature of andidate

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

CRO-3100

Certification of Treasurer

FORSYTH COUNTY

2014 JAN 22 PM 12: 17

RECEIVED



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

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: Committee Name: Treasurer Name: If Candidate is own treasurer, designate an agent to carry out designations:_ Committee ID #: [State] [County] If county, specify: Level Registered: 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). Plan for Disbursement (eg. Amount or %) Name of Entity (Select from §163-278.16B(a)) listenia 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.

CRO-3900

Candidate Designation of Committee Funds

May 2013