

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 (when amending, only re-submit if applicable).

Amendment

☐ Yes

☒ No

1. Committee Information			
a. Full Name		c. ID Number	
Committee to Election Donald Dunn		3CQH01	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
1330 Waughtown Street Winston-Salem, NC 27107		2/28/2014	
		e. Phone Number	
		336 345 6494	
2. Candidate Information <input checked="" type="checkbox"/> Candidate's Primary Committee			
a. Full Name		c. Candidate ID Number	f. Party Affiliation
Donald K. Dunn			Dem
		(Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
1330 Waughtown Street Winston-Salem, NC 27107		Forsyth County Board of Education- At Large	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
336 345 6494	dunn4schools@aol.com		Forsyth County
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
William A. Pass		William A. Pass	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1330 Waughtown Street Winston-Salem, NC 27107		1330 Waughtown Street Winston-Salem, NC 27107	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336 785 3171	N/A	(336) 785-3171	N/A
I prefer to receive notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
N/A		First Citizens Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Checking Account for committee	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		1	Checking
<input type="checkbox"/> Email copy of notices			
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.			
William A Pass		3/6/14	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	



North Carolina
State Board of Elections

441 N Harrington Street
Raleigh, NC 27603

RECEIVED

2014 MAR 10 AM 9:44

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: Donald K. Dunn
Treasurer Name: William A. Pass
Treasurer Address: 1330 Waughtown Steet
(include city, state, & zip) Winston-Salem
NC
27107
Treasurer Phone: 336 785 3171

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).

3/5/14
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.

CURSIVIN COUNTY
CLERK OF SUPERIOR COURT

2014 MAR 10 AM 9:44

North Carolina **RECEIVED**
State Board of Elections441 N Harrington Street
Raleigh, NC 27603Kim Westbrook Strach
Executive DirectorMailing 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: Donald K. DunnCommittee Name: Elect Donald K. DunnTreasurer Name: William A PASS

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

Committee ID #: 3CQHOI

Level Registered: [State] [County] If county, specify: _____

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. <u>NC. Parent Teachers Ass.</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: [Signature]Date: 3/5/14

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