

# 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

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
Laura <del>Elliot</del> Elliott 4 WSFCS Board of Education		4CQ005	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
3102 Burke Mill Ct. Winston-Salem, NC 27103		3-7-14	
		e. Phone Number	
		336.671.3809	
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Laura Alexander Elliott		4CQ005	Democrat (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
3102 Burke Mill Ct. W-S NC 27103		WSFCS School Board Distr. 2	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
336.671.3809	<del>politicalopolis@gmail.com</del>	2014	Forsyth Co.
<input checked="" type="checkbox"/> Email copy of notices			
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
Laura Alexander Elliott			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
3102 Burke Mill Ct. W-S, NC 27103			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336.671.3809	politicalopolis@gmail.com		
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
<b>5. Assistant Treasurer Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>6. Account Information</b> (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
		Wells Fargo	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		campaign expenses	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		5010	checking acct.
<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.			
Laura Alexander Elliott		Laura Alexander Elliott 3-7-14	
Printed Name of Signer		Signature of Appointed Treasurer	
		Date	



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:

Laura Elliott

Treasurer Name:

Laura Elliott

Treasurer Address:

3102 Burke Mill Ct.

(include city, state, & zip)

W-S, NC 27103

Treasurer Phone:

336.671.3809

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).

3-7-14

Date Signed

Laura Alexander Elliott

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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### 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: Laura Elliott  
Committee Name: Laura Elliott 4 WSFCS Board of Education  
Treasurer Name: Laura Elliott  
If Candidate is own treasurer, designate an agent to carry out designations: Norma Alexander  
Committee ID #: 4CQ005  
Level Registered: [State] [County] If county, specify: Forsyth

I, Laura Elliott, 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>Campaign Contributors</u>	<u>Equal % to Each Contributor</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: Laura Alexander Elliott  
Date: 3-7-14

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



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Fax: (919) 715-8047

Additional account numbers:

N/A

Type of Account	Financial Institution	Address	Account Number	Account Code

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Candidate or Treasurer