

Statement of Organization - Candidate Committee

Use this form to cre This form must be a	Organization - Candid eate a new or update an existing car		Amendment Des Y Do No
a, Full Name	c. ID Number		
United to	8 CONSVED		
b. Mailing Address (inc	lude City, State and Zip Code)	d. Date Organized	
824 Ge Kernersui	2/19/12014 e. Phone Number 336 406 7323		
2. Candidate Infor	mation	Cand	idate's Primary Committee 🚿 🚧 🥙
a. Full Name	·	e. Candidate ID Number	f. Party Affiliation
German	D. Garan	8CQ175	Democrat (Indicate Non-partican if applicable)
b. Mailing Address (inc	lude City, State, and Zip Code)	g. Office Sought	
824 Gehring Dr Kernersville NC 27284		Board of	Education
c . Phone Number	d. Email Address	h. Next Election Year	i, Jurisdiction

a. Full Name			c. ID Number	
United to	ùa		866 HISVED	
b. Mailing Address (inc			d. Date Organized	
824 Ge			2/19/2014	
Kemersui	11e, NC 27284			e. Phone Number
				336 406 1323
2. Candidate Infor	mation	an some of the law	Candidate	e's Primary Committee 💮 👑
a. Full Name	·	e. Candidate ID Numb	er	f. Party Affiliation
Garman	D. Garan	8CQ175		Democrat
	ude City, State, and Zip Code)	<u> </u>		(Indicate Non-partican if applicable)
824 Gen	· · · · · · · · · · · · · · · · · · ·	g. Office Sought		
		Board of Education		
c. Phone Number	11e NC 27284	†- 		·
c. Phone Number	d. Email Address	h. Next Election Year	J, s	furisdiction
336 406 7323	g.d. garcia 050 gmail.com			
Email copy of n	otices 🔾			Forsyth County
3. Treasurer Inform	nation	4. Custodian of Books Information		
a. Full Name		a. Fuli Name		· · · · · · · · · · · · · · · · · · ·
Gabriela D Raha		,		
b. Mailing Address (incl	ude City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
542 FOXCE	oft Pr			ĺ
Winston-Salem Nc 27103		_		
	d. Email Address	c. Phone Number	d. Email Add	iress
336 575 5097	gabydownse hotmail.com		ŀ	
I prefer to receive		☐ Email copy of notices		
	rer Information Add	6. Account Information (incl. CRO-3500)		
a, Full Name	Remove &	a. Financial Institution Full Name		
Pengy Duran		Wells Fargo		
	o. Mailing Address (include City, State, and Zip Code)		p. Purpose	
6755 Village Brook Trl		Fund Raising		
Clemmons NC 27012				
~~.	d. Email Address	c. Account Code	d. Type	
336 766 5981	Pm13dureatt. net		a >	
☐ Email copy of notices		DOM	Chec	kin5
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.				
Truther centry that this report is complete, true and correct.				
Gabriela Kacha 3/10/2014				
Printed Name of Signer Signature of Appoi			urer	Date

CRO-2100A

NC State Board of Elections



TO APO DE LO CATANO

2014 MAR 18 PK 4: 01

North Carolina State Board of Elections

RECEIVED

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:	GERMAN D. GARCIA				
Treasurer Name:	Gabriela D. Rocha				
Treasurer Address:	542 Foxcroft ON				
(include city, state, & zip)	Winston-Salem, NC 27103				
Treasurer Phone:	1336) 575-5097				
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.					
the existing Statement of Org	Treasurer changes, it will be necessary to certify a new treasurer and amend anization within 10 days of the vacancy. I further understand that the above we training by the State Board of Elections within three months of this ticle 163.278.9(k).				

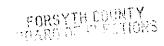
Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

CRO-3100

2/19/2014 Date Signed

Certification of Treasurer

May 2013



North Carolina 2014 MAR 18 PM 4: 02 State Board of Elections RECEIVED

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach **Executive Director**

CRO-3900

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

May 2013

Candidate Designation of Committee Funds					
This form is used by canon how the committee's fundamental fundamental forms.	lidate committees only and allow ds are to be disbursed using the	ws the candidate to designate in the event of their death, eight allowable methods outlined in 163-278.16B(a).			
Candidate Name:	German	D- GARCIA			
Committee Name:	United to Elect Coerman Coarda				
Treasurer Name:	<u>Gabriela</u>	D. Kocha			
If Candidate is own t	reasurer, designate an agen	t to carry out designations:			
Committee ID #:					
Level Registered: [State] [County] If county, specify: + ors(+)					
following manner as Name	expenses for winding up to permitted by N.C. Gen. States of Entity 1 \$163-278.16B(a))	the Committee or closing office) be paid in the at. 163-278.16B(a). Plan for Disbursement (eg. Amount or %)			
1. Foesyth]	sem Party	100%			
2					
3	<u></u>				
By signing this form, Gen. Statute 163-278 records. Signature of Candida	.16B(a). A copy of this form	m should be maintained with the Committee			
Date:	2/19/8	2014			
Note: This Designation	on is to be filed with the Election B	Board where the committee's campaign reports are filed.			

Candidate Designation of Committee Funds