

# COPY

## 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	
Motsinger for School Board		BCQL8W	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
6548 Woodmere Dr Walkertown, North Carolina 27051		2/24/14	
		e. Phone Number	
		(336) 972-6257	
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Elisabeth Motsinger		BCQL8W	Dem
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
6548 Woodmere Dr. Walkertown NC 27051		Board of Education	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
336-972-6257	elisabeth.motsinger@gmail.com	2014	At-Large
<input type="checkbox"/> Email copy of notices			
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
Shawn Angell		Shawn Angell	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
4021-M Whirlaway Court Clemmons, N.C. 27012		4021-M Whirlaway Court Clemmons, N.C. 27012	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-817-4969	shawnangell@aol.com	336-817-4969	shawnangell@aol.com
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" 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	
		Branch Banking and Trust Company	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		ReElection Campaign for At-Large Board of Education - Forsyth County	
c. Phone Number	d. Email Address	e. Account Code	d. Type
		MOT1	Community Checking Account
<input checked="" 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.			
Shawn Angell		Shawn Angell	3/4/14
Printed Name of Signer		Signature of Appointed Treasurer	Date



**COPY** NORTH CAROLINA  
STATE BOARD OF ELECTIONS

2014 MAR -4 PM 3:33

**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: Elisabeth Motsinger  
Treasurer Name: Shawn Angell  
Treasurer Address: 4021-M Whirlaway Court  
(include city, state, & zip) Clemmons, N.C. 27012  
  
  
Treasurer Phone: 336-817-4969

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).

3/4/14  
Date Signed

Elisabeth Motsinger  
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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FORSYTH COUNTY  
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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: Elisabeth Motsinger  
Committee Name: Motsinger For School Board  
Treasurer Name: Shawn Angell  
If Candidate is own treasurer, designate an agent to carry out designations: N/A  
Committee ID #: BCQL8W  
Level Registered: [State] County If county, specify: Forsyth

I, Elisabeth Motsinger, 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: Elisabeth Motsinger  
Date: 3/4/14

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