

Statement of Organization - Candidate Committee

This form must be accompanied by for	rms CRO-3100 and CR	O-3500 (when amending, or	aly re-submit if applicable).
1. Committee Information a. Full Name	ASSESSED CULHIQUIN	SaldMights	c, ID Number
	D.		c.1D Amile
Deanna Taylor for School Board Com	mittee ILL	EIVED	
b. Malling Address (include City, State and Z	ip Code)	pher 1884 Free 1884 Free free free free free free free free	d. Date Organized
·			1/25/14
6445 Bannockburn Road			e. Phone Number
Rural Hall, NC 27045			336-969-6604
2. Candidate Information			
a. Full Name		e. Candidate ID Number	date's Primary Committee f. Party Affiliation
Deanna Taylor		***	Democrat
			. 14 2244 22244 2224 2222 22224 22224 222
b. Mailing Address (include City, State, and 2	Zip Code)	g. Office Sought	(Indicate Non-partican if ap
858 Shalimar Drive			
Winston-Salem, NC 27107		School Board Member Dis	trict I
c . Phone Number d. Email Address	***************************************	h. Next Election Year	i. Jurisdiction
336-602-2242			Winston-Salem
Email copy of notices		2014	
3. Treasurer Information		4. Custodian of Books Inf	
a. Full Name		a. Full Name	
Angelita A. Dulin			•
b. Mailing Address (include City, State, and Z	lip Code)	b. Mailing Address (include Cit	v, State, and Zip Code)
6445 Bannockburn Road Rural Hall, NC 27045			
c. Phone Number d. Email Address		c. Phone Number d. Emai	Address
336-99-6604 angiedon@windst	ream.net		dd fa'i ann a gael a'i gael da'i gael da ann ann an ann ann ann ann ann ann a
prefer to receive notices by email	I ☑ Yes □ Ñ	Email copy of notice	
5. Assistant Treasurer Information	Add see sa	6 Account Information	
a, Full Name	Remové s	a. Financial Institution Full Nan	ge 🔲 Remove
		Wells Farag	9
b. Mailing Address (Include City, State, and Z	ip Code)	b. Purpose	
		Deposit of campaign contri	butions and payment of campaign
c. Phone Number d. Email Address		c. Account Code d. Type	
	141		***************************************
	ografia agrego, degrafia de la compansión	DT01 Checkin	ng
Email copy of notices			
CERTIFICATION I certify that the Committee or Fund in	is in compliance with a	ıll applicable provisions of A	rticle 22A, 22B & 22D-22M of
a area a company a superior and a su			
	1/2	1001)/-	
Angelita A. Dulin	11/190	MM 1 /M	1/27/14
Printed Name of Signer	✓ Sign	nature of Appointed Treasurer	Date
CRO-2100A	NC State Boar	d of Elections	May 11, 2011

FORSYTH COUNTY HOARD OF ELECTIONS

2014 JAN 31 AM 9: 43

RECEIVED



COPY

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:	Deanna Taylor	
Treasurer Name:	Angelita A. Dulin	
Treasurer Address:	6445 Bannockburn Road	
(include city, state, & zip)	Rural Hall, NC 27045	
Treasurer Phone:	336-969-6604	

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).

1/27/2014

Date Signed

~ Curl







2014 JAN 31 AM 9: 1North Carolina RECEIVE 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 Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

TILLID DI.	
Committee Name:	Deanna Taylor for School Board Committee
Treasurer Name:	Angelita A. Dulin
Treasurer Address:	6445 Bannockburn Road
(include city, state, & zip)	Rural Hall, NC 27045
T Nf	201 21011
Treasurer Phone:	336-969-6604

Check One:

FII ED DV.

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

1/27/14 Date Signed