

# 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		b. Mailing Address (Include City, State and Zip Code)	
JoAnne Allen for Mayor Committee		P.O. Box 284, Winston-Salem-North Carolina 27102	
c. Candidate ID Number		d. Date Organized	
2015 OCT -5 PM 3:47		10/1/2016	
e. Phone Number		f. Party Affiliation	
336-602-5369		Unaffiliated	
(Indicate Non-partisan if applicable)			
<b>2. Candidate Information</b>			
a. Full Name		c. Candidate ID Number	
Millicent JoAnne "Jo" Allen			
b. Mailing Address (Include City, State, and Zip Code)		g. Office Sought	
P.O. Box 284, Winston-Salem-North Carolina 27102		Mayor of Winston-Salem	
c. Phone Number	d. Email Address	e. Next Election Year	f. Jurisdiction
336-602-5369	josedso@aol.com	2016	City of Winston-Salem
<input type="checkbox"/> Email copy of notices			
<b>3. Treasurer Information</b>			
a. Full Name		b. Mailing Address (Include City, State, and Zip Code)	
Millicent JoAnne Allen		P.O. Box 284, Winston-Salem-North Carolina 27102	
c. Phone Number	d. Email Address	e. Phone Number	f. Email Address
336-602-5369	josedso@aol.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>4. Assistant Treasurer Information</b>		<b>5. Account Information</b>	
a. Full Name		a. Financial Institution Full Name	
		Allegacy	
b. Mailing Address (Include City, State, and Zip Code)		b. Purpose	
		Transactions for Mayoral Campaign	
c. Phone Number	d. Email Address	e. Account Code	f. Type
		MJA001	Checking
<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.			
M. JoAnne Allen		10/1/2016	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	



North Carolina  
State Board of Elections  
441 N Harrington Street  
Raleigh, NC 27603

FORSYTH COUNTY  
BOARD OF ELECTIONS

2015 OCT -5 PM 3:47

RECEIVED

Kim Westbrook Strach  
Executive Director

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

### 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:

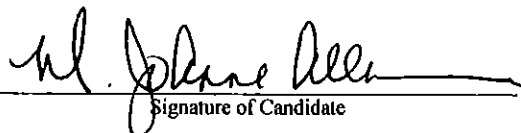
Candidate Name: JoAnne "Jo" Allen  
Treasurer Name: JoAnne Allen  
Treasurer Address: P.O. Box 284  
(include city, state, & zip) Winston-Salem, North Carolina 27102  
  
  
Treasurer Phone: 336-602-5369

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).

10/1/2016

Date Signed

  
Signature of Candidate

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



North Carolina  
State Board of Elections  
441 N Harrington Street  
Raleigh, NC 27603

Kim Westbrook Strach  
Executive Director

RECEIVED  
2015 OCT -5 PM 4:00  
JOHNSON COUNTY  
BOARD OF ELECTIONS  
Mailing Address  
PO Box 27255  
Raleigh, NC 27611-0255  
(919) 733-7173

### 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.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

#### FILED BY:

Committee Name: JoAnne Allen FOR MAYOR  
Treasurer Name: JoAnne Allen  
Treasurer Address: P.O. Box 284  
(include city, state, & zip) Winston-Salem NC 27102

Treasurer Phone: (336) 602-5269

#### Check One:

☒ 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 at or 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.

10/5/15  
Date Signed

JoAnne Allen  
Signature