

# Statement of Organization - Candidate Committee

Amendment

☒ Yes☐ No

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).

## 1. Committee Information

a. Full Name	c. ID Number
ELECT TONYA REYNOLDS 2018 WS/FCS SCHOOL BOARD	35-2611014
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
P.O. BOX 70 RURAL HALL, NC. 27045	OCT. 16, 2017
	e. Phone Number
	(336) 602 6529

## 2. Candidate Information

☒ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
TONYA VVETTE REYNOLDS		REPUBLICAN (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
P.O. BOX 70 RURAL HALL, NC 27045	WS/FCS SCHOOL BOARD	
c. Phone Number	d. Email Address	h. Next Election Year
336 602 6529	TRY1TRY2C@gmail.com	2018
<input type="checkbox"/> Email copy of notices		i. Jurisdiction
		AT LARGE

## 3. Treasurer Information

a. Full Name
TONYA VVETTE REYNOLDS
b. Mailing Address (include City, State, and Zip Code)
P.O. BOX 70 RURAL HALL, NC 27045
c. Phone Number
(336) 602 6529
d. Email Address
TRY1TRY2C@gmail.com

## 4. Custodian of Books Information

a. Full Name
b. Mailing Address (include City, State, and Zip Code)
c. Phone Number
d. Email Address

I prefer to receive notices by email ☐ Yes ☒ No ☐ Email copy of notices

## 5. Assistant Treasurer Information

a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address

☐ Email copy of notices

## 6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
BRANCH BANKING AND TRUST CO.	
b. Purpose	
THE PURPOSE OF THIS ACCOUNT IS TO MANAGE CAMPAIGN FUNDS.	
c. Account Code	d. Type
TRY1TRY2C	BUSINESS

## 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.

TONYA VVETTE REYNOLDS

Printed Name of Signer

Signature of Appointed Treasurer

Date

MAY 2, 2018



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

**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:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

ELECT IONYA REYNOLDS 2018 WS/FCS SCHOOL BOARD  
IONYA VUETTE REYNOLDS  
P.O. BOX 70  
RURAL HALL, NORTH CAROLINA 27045

(336) 602 6529

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.

MAY 2, 2018  
Date Signed

Signature





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(919) 733-7173

### Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

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

**FILED BY:**

Candidate Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

TONYA YVETTE REYNOLDS  
TONYA YVETTE REYNOLDS  
P.O. BOX 70  
RURAL HALL, N.C., 27045  
(336) 002-6529

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).

MAY 2, 2018  
Date Signed

Tonya Yvette Reynolds  
Signature of Candidate



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

### 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).

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

Candidate Name:

TONYA YVETTE REYNOLDS

Committee Name:

ELECT TONYA REYNOLDS 2018 WS/FCS SCHOOL BOARD

Treasurer Name:

TONYA YVETTE REYNOLDS

If Candidate is own treasurer, designate an agent to carry out designations:

CHRISTOPHER CHENERY  
BANKER III NMLS #1512188

Committee ID #:

35-2611014

Level Registered:

(State) [County] If county, specify: N/A

I, TONYA YVETTE REYNOLDS, 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>Constituents</u>	<u>100%</u>
2. <u>N/A</u>	<u>N/A</u>
3. <u>N/A</u>	<u>N/A</u>

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:

Tonya Yvette Reynolds  
MAY 2, 2018

Date: