

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

Committee To Elect Tonya McDaniel

c. ID Number

b. Mailing Address (include City, State and Zip Code)

Post Office Box 21142
Winston-Salem, NC 27120

d. Date Organized

2/12/2018

e. Phone Number

(336) 251-9253

2. Candidate Information

☒ Candidate's Primary Committee

a. Full Name

Tonya D. McDaniel

e. Candidate ID Number

f. Party Affiliation

Democratic

(Indicate Non-partisan if applicable)

b. Mailing Address (include City, State, and Zip Code)

Post Office Box 21142, WIS, NC 27120

g. Office Sought

County Commissioner

c. Phone Number

(336) 251-9253

d. Email Address

vote.tonyamcdaniel@gmail.com

h. Next Election Year

2018

i. Jurisdiction

Forsyth
Winston-Salem

☒ Email copy of notices

3. Treasurer Information

a. Full Name

Sandra Chisholm

b. Mailing Address (include City, State, and Zip Code)

Post Office Box 21142
Winston-Salem, NC 27

4. Custodian of Books Information

a. Full Name

Sandra Chisholm

b. Mailing Address (include City, State, and Zip Code)

POB 21142
WIS, NC 27120

c. Phone Number

(336) 251-9253

d. Email Address

vote.tonyamcdaniel@gmail.com

e. Phone Number

Same

d. Email Address

Same

I prefer to receive notices by email ☒ Yes ☐ No

☐ Email copy of notices

5. Assistant Treasurer Information

☐ Add

☐ Remove

a. Full Name

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)

☐ Add

☐ Remove

a. Financial Institution Full Name

Bank of Ozark

b. Purpose

Checking account for
Committee to Elect Tonya McDaniel

c. Account Code

WIN2018

d. Type

Campaign Finance

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.

Sandra Chisholm

Printed Name of Signer

Sandra Chisholm

Signature of Appointed Treasurer

2/12/18

Date



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 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:

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).

2/12/2018
Date Signed

Signature of Candidate



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

Kim Westbrook Strach
Executive Director

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PO Box 27255
Raleigh, NC 27611-7255
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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).

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

Candidate Name: Tonya D. McDaniel

Committee Name: Committee To Elect Tonya McDaniel

Treasurer Name: Dandra Chisholm

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

Committee ID #: _____

Level Registered: [State] [County] If county, specify: Forsyth, NC

1. Tonya McDaniel, 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: [Signature]

Date: 2/12/2010