## Statement of Organization - Candidate Committee

Is this st	atement:	
New	Amend	ed

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year. 1. Committee Information a. Name of Committee d. ID Number ommittee to Elect b. Mailing Address (include City, State and Zip Code) e. Date Organized Winston Salem, NC 27/2 c. Committee Website (Óptional) f. Phone Number WWW. Elect Mackenzie, WS 350 794-6050 2. Candidate Information a. Full Name e. Party Affiliation Mackenie Carolyn Cates Allen te Mo Cratic b. Mailing Address (include City, State, and Zip Code) f. Office Sought City of Winsten-Salem, City Council, South Ward Winston-Salem, NC 27/27 . Phone Number g. Next Election Year h. Jurisdiction 194-6050 mackentie@catesallen dodo Email copy of report notices 3. Treasurer Information 4. Assistant Treasurer Information a. Full Name a. Full Name TATHRYN WATKAW b. Mailing Address (include City, State, and Zip Code) b. Mailing Address (include City, State and Zip Code) 2770 PINE COVE DR. WINSTON SPLEM, N.C. 27121 d. Email Address ç c. Phone Number c. Phone Number d. Email Address (1) 336399 6065 FIGMENT \$30 9.Mail Com Send report notices by email Yes Email copy of report notices 5. Custodian of Books Information (Keeper of Records) 6. Account Information (incl. CRO-3500) a. Full Name a. Financial Institution Full Name b. Mailing Address (include City, State, and Zip Code) c. Phone Number d. Email Address c. Type Checking MCACC ■ Email copy of report notices I certify that the Committee is in compliance with all applicable provisions of Article 22A 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. OEY [NATICANS
Printed Name of Treasurer I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes. Mackenzie Cato-Aller Signature of Candidate Printed Name 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

## **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:	Committee to Elect Mackerine Cates-Allen
Treasurer Name:	Dey Watkins
Treasurer Address:	2776 Pine Cove Drive
(include city, state, & zip)	Winston-Salem, NC 27127
Treasurer Phone:	336 399 6065
election cycle under the prountil the end of the election expenditures during this elections and file require.  THIS DECLARATION CA  I am withdrawing my to file the next scheduled	mittee intends to neither receive nor expend more than \$1,000 during the current occdures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$1,000 in contributions or action cycle, I understand that I must immediately notify the appropriate board d campaign finance reports.  N ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.  Certification to remain at or under the \$1,000 threshold. I will now be required report for all contributions and expenditures that have not been previously of the current election cycle. I further agree to file all future reports required.
12/2/19	Mosekens ai Totaller

Signature

Date Signed