

# Statement of Organization - Candidate Committee

Is this statement:



New



Amended

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

Kris McCann For Mayor

d. ID Number

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

205 Cool Springs Road Winston-Salem, NC 27107-1727

e. Date Organized

12/02/2019

c. Committee Website (Optional)

f. Phone Number

336-682-3345

## 2. Candidate Information

a. Full Name

Kris A. McCann

e. Party Affiliation

Republican

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

205 Cool Springs Road  
Winston-Salem, NC 27107-1727

f. Office Sought

City of Winston-Salem Mayor

c. Phone Number

336-682-3345

d. Email Address

Kmccann40@hotmail.com

g. Next Election Year

2020

h. Jurisdiction

Forsyth County

☐ Email copy of report notices

## 3. Treasurer Information

a. Full Name

Kris A. McCann

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

205 Cool Springs Road  
Winston-Salem, NC 27107

c. Phone Number

336-682-3345

d. Email Address

Kmccann40@Hotmail.com

Send report notices by email ☐ Yes ☒ No

## 4. Assistant Treasurer Information

a. Full Name

N/A

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

N/A

c. Phone Number

N/A

d. Email Address

N/A

☐ Email copy of report notices

## 5. Custodian of Books Information (Keeper of Records)

a. Full Name

Kris A. McCann

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

205 Cool Springs Road  
Winston-Salem, NC 27107

c. Phone Number

336-682-3345

d. Email Address

Kmccann40@Hotmail.com

☒ Email copy of report notices

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

a. Financial Institution Full Name

Branch Bank & Trust (BB&T)

b. Account Code

1

c. Type

Checking

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.

Kris A. McCann

Printed Name of Treasurer

*Kris A. McCann*

Signature of Appointed Treasurer

12/02/2019

Date

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.

Kris A. McCann

Printed Name of Candidate

*Kris A. McCann*

Signature of Candidate

12/02/2020

Date



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### 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: Kris A. McCann  
Treasurer Name: Kris A. McCann  
Treasurer Address: 205 Cool Springs Road  
(include city, state, & zip) Winston-Salem, NC 27107  
  
  
Treasurer Phone: (336) 682-3345

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).

December 2, 2019  
Date Signed

Kris A. McCann  
Signature of Candidate



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### 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: Kris McCann For Mayor

Treasurer Name: Kris A. McCann

Treasurer Address: 205 Cool Springs Road

(include city, state, & zip) Winston-Salem, NC 27107

Treasurer Phone: 336-682-3345

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.

12/02/2020

Date Signed

Kris A. McCann  
Signature



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### 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: Kris A. McCann

Committee Name: Kris McCann For Mayor

Treasurer Name: Kris A. McCann

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

Committee ID #: \_\_\_\_\_

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

I, Kris A. McCann, 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 Republican 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: \_\_\_\_\_

Kris A. McCann

Date: \_\_\_\_\_

12/02/2020