

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		d. ID Number	
VOTE 4 NEW			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
4219 N. Liberty St WS NC 27105		2/27/2020	
c. Committee Website (Optional)		f. Phone Number	
		336-575-6099	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Paula J. McCoy		Unaffiliated	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
4636 Old Baux Mountain Rd W-S NC 27105		W-S City Council	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-575-6099	Paula.mccoy5@gmail.com	2020	NE Ward
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Arlanders Hunter		Sandra Okonta	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
710 Polo Rd W-S NC 27106		8025 North Point Blvd # 277 W-S NC 27106	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(615) 545-1644	arlan2535@bellsouth.net	(336) 722-4990	sandra@postaxnc.com
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 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	
		Truliant CU	
b. Mailing Address (include City, State, and Zip Code)		Committee Account	
c. Phone Number	d. Email Address	b. Account Code	c. Type
		V4N2020	SAVINGS
<input type="checkbox"/> Email copy of report notices			
<p>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.</p> <p> <u>ARLANDERS HUNTER</u> <u>Arlanders Hunter</u> <u>3/9/20</u> Printed Name of Treasurer Signature of Appointed Treasurer Date </p> <p>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.</p> <p> <u>Paula J. McCoy</u> <u>Paula J. McCoy</u> <u>3/9/2020</u> Printed Name of Candidate Signature of Candidate Date </p>			



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: VOTE 4 NEW
Treasurer Name: Arlanders Hunter
Treasurer Address: 710 Polo Road
(include city, state, & zip) Winston-Salem, NC 27106

Treasurer Phone: (615) 545-1644

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.

3/9/2020
Date Signed

Paula J. McCoy
Signature



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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: Paula J. McCoy

Committee Name: VOTE 4 NEW

Treasurer Name: Arlanders Hunter

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

Committee ID #: _____

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

I, Paula J. McCoy, 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>MICDC</u>	<u>.33</u>
2. <u>NBN</u>	<u>.33</u>
3. <u>LOVE Out Loud</u>	<u>.34</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: Paula J. McCoy

Date: 3/9/2020