Use this form to create a new or update an existing candidate committee. This form must be accompanied by form CRO-3500. An amended and Reacher for each new election year. I. Committee Information I. Committee Information I. Committee Information I. Committee Information I. Downber I.				
This form must be accompanied by form CRO-3500. An amended and CROMERS for each new election year.          1. Committee Information       4. ID Number         D. Multing Address (include City, state and Zip Code)       e. Date Organized         D. Multing Address (include City, state and Zip Code)       e. Date Organized         Paula       M. Liberty St W-S NC 27/105       f. Phone Number         2. Candidate Information       e. Party Affiliation       Phone Number         Phone Number       0. Email Address       g. Next Election Year         Phone Number       1. Email Address       g. Next Election Year         Phone Number       1. Email Address       g. Next Election Year         Phone Number       1. Email Address       g. Next Election Year         Phone Number       1. Email Address       g. Next Election Year         Phone Number       1. Email Address       g. Next Election Year         Phone Number       1. Email Address       g. Next Election Year         Phone Number       1. Email Address       g. Next Election Year         Phone Number       1. Email Address       g. Next Election Year         Phone Number       1. Email Address       g. Next Election Year         Phone Number       1. Email Address       g. Next Election Year         Phone Number       1. Email Address       g. Dardrag OK				
1. Committee Information         1. Name of Committee         Paula MCCov 4 NEW         1. Maining Address (include City, Sinte and Zip Code)         2. Candidate Information         336 - 5 5 - 6699         2. Candidate Information         9. Mailing Address (include City, Sinte, and Zip Code)         4. Committee Weshite (Optional)         2. Candidate Information         9. Mailing Address (include City, Sinte, and Zip Code)         4. Committee Weshite (Optional)         4. Diverse (include City, Sinte, and Zip Code)         4. Assistant Treasurer Information         9. Mailing Address (include City, Sinte, and Zip Code)         4. Assistant Treasurer Information         9. Neut Election Year         9. Treasurer Information         9. Full Name         10. Full Name         11. Full Name         11. Full Name         12. Full Name         13. Full Name         13. Full Name         14. Full Name         15. Full Name         16. Full Name         17. Polo Road WS NC 27/1056         80.25 North Point Blvd WS NC 27/105				
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2. Candidate Information       -         a. Full Name       e. Party Affiliation         Paula J. McCoy       Unaffiliation         A. Mailing Address (include City, State, and Z/P Code)       f. Office Sought         Hadd       Old Bayx MAn Rd WSAC 27/105 WS City Council NEW and         B. Phone Number       a. Email Address         g. Next Election Year       fi. Jurisdiction         336 575 6099       PaulamccoyS agmail         B. Breaster Information       4. Assistant Treasurer Information         a. Full Name       a. Full Name         Arrlanders Hunter       Sandra OKonta         Mailing Address (include City, State, and Zip Code)       b. Mailing Address (include City, State, and Zip Code)         710       Palo Road       WS NC 27/106         8025       North Point Blvd WS NC 27/106         815-545-1644       Arlan 2535 abel South, net         Sandra pastaxne. com       Sandra pastaxne. com         Send report notices by email       Yes         Name       Financial Information         Account Information       G. Account Information         Account Code       Crype				
a. Full Name  Paula J. McCoy  Mailing Address (include City, State, and Zp Code)  Committee A CCOUNT  Phone Number  d. Email Address  c. Party Affiliation  C. Party Affiliation  C. Phone Number  d. Email Address  b. Account Code  c. Type				
#36 OLd Bayx Mtn Rd W-SAC 27185 W-S City Council NEW and        Phone Number       d. Email Address         336 575 6089       Paylamccoy529 gmail        Bernail copy of report notices       g. Next Election Year         336 575 6089       Paylamccoy529 gmail        Bernail copy of report notices       g. Next Election Year         3Bernail copy of report notices       g. Next Election Year         3Treasurer Information       4. Assistant Treasurer Information         a. Full Name       a. Full Name         Arrlanders Hunter       Sandra OKonta         b. Mailing Address (include City, State, and Zip Code)       b. Mailing Address (include City, State, and Zip Code)         710       Polo Road       WS NC 27106       8025 North Point Blvd WS NC 27066         615-545-1644       Arlan 25352 bellsouth, net       Sandra 2 pastaxne. com         Send report notices by email       Yes       No       Email copy of report notices         6. Custodian of Books Information (Keeper of Records)       6. Account Information (incl. CR0-3500)       Full Name         7				
#36 OLd Bayx Mtn Rd W-SAC 27185 W-S City Council NEW and        Phone Number       d. Email Address         336 575 6089       Paylamccoy529 gmail        Bernail copy of report notices       g. Next Election Year         336 575 6089       Paylamccoy529 gmail        Bernail copy of report notices       g. Next Election Year         3Bernail copy of report notices       g. Next Election Year         3Treasurer Information       4. Assistant Treasurer Information         a. Full Name       a. Full Name         Arrlanders Hunter       Sandra OKonta         b. Mailing Address (include City, State, and Zip Code)       b. Mailing Address (include City, State, and Zip Code)         710       Polo Road       WS NC 27106       8025 North Point Blvd WS NC 27066         615-545-1644       Arlan 25352 bellsouth, net       Sandra 2 pastaxne. com         Send report notices by email       Yes       No       Email copy of report notices         6. Custodian of Books Information (Keeper of Records)       6. Account Information (incl. CR0-3500)       Full Name         7				
#36 OLd Bayx Mtn Rd W-SAC 27185 W-S City Council NEW and        Phone Number       d. Email Address         336 575 6089       Paylamccoy529 gmail        Bernail copy of report notices       g. Next Election Year         336 575 6089       Paylamccoy529 gmail        Bernail copy of report notices       g. Next Election Year         3Bernail copy of report notices       g. Next Election Year         3Treasurer Information       4. Assistant Treasurer Information         a. Full Name       a. Full Name         Arrlanders Hunter       Sandra OKonta         b. Mailing Address (include City, State, and Zip Code)       b. Mailing Address (include City, State, and Zip Code)         710       Polo Road       WS NC 27106       8025 North Point Blvd WS NC 27066         615-545-1644       Arlan 25352 bellsouth, net       Sandra 2 pastaxne. com         Send report notices by email       Yes       No       Email copy of report notices         6. Custodian of Books Information (Keeper of Records)       6. Account Information (incl. CR0-3500)       Full Name         7				
336 575 60%       Paulamccoys@gmail.com       2020       NE Ward         □ Email copy of report notices       4. Assistant Treasurer Information         a. Full Name       a. Full Name         Arlanders Hunter       Sardra OKonta         b. Mailing Address (include City, State, and Zip Code)       b. Mailing Address (include City, State, and Zip Code)         710       Polo Polo Road WS NC 27186       8025 North Point Blvd WS NC 27186         615-545-1644       Arlan 2535@bellSouth.net       sandra@pastaxnc.com         615-545-1644       Arlan 2535@bellSouth.net       sandra@pastaxnc.com         Send report notices by email       Yes       No         Bemail copy of report notices       G. Account Information (incl. CR0.3500)         Scustodian of Books Information (Keeper of Records)       G. Account Information full Name         Truliant FCU       Arlant FCU         Amailing Address (include City, State, and Zip Code)       Committee ACCOUNT         Phone Number       d. Email Address         Amailing Address (include City, State, and Zip Code)       Committee ACCOUNT				
336 575 60%       Paulamccoys@gmail.com       2020       NE Ward         □ Email copy of report notices       4. Assistant Treasurer Information         a. Full Name       a. Full Name         Arlanders Hunter       Sardra OKonta         b. Mailing Address (include City, State, and Zip Code)       b. Mailing Address (include City, State, and Zip Code)         710       Polo Polo Road WS NC 27186       8025 North Point Blvd WS NC 27186         615-545-1644       Arlan 2535@bellSouth.net       sandra@pastaxnc.com         615-545-1644       Arlan 2535@bellSouth.net       sandra@pastaxnc.com         Send report notices by email       Yes       No         Bemail copy of report notices       G. Account Information (incl. CR0.3500)         Scustodian of Books Information (Keeper of Records)       G. Account Information full Name         Truliant FCU       Arlant FCU         Amailing Address (include City, State, and Zip Code)       Committee ACCOUNT         Phone Number       d. Email Address         Amailing Address (include City, State, and Zip Code)       Committee ACCOUNT				
336 575 60%       Paulamccoys@gmail.com       2020       NE Ward         □ Email copy of report notices       4. Assistant Treasurer Information         a. Full Name       a. Full Name         Arlanders Hunter       Sardra OKonta         b. Mailing Address (include City, State, and Zip Code)       b. Mailing Address (include City, State, and Zip Code)         710       Polo Polo Road WS NC 27186       8025 North Point Blvd WS NC 27186         615-545-1644       Arlan 2535@bellSouth.net       sandra@pastaxnc.com         615-545-1644       Arlan 2535@bellSouth.net       sandra@pastaxnc.com         Send report notices by email       Yes       No         Bemail copy of report notices       G. Account Information (incl. CR0.3500)         Scustodian of Books Information (Keeper of Records)       G. Account Information full Name         Truliant FCU       Arlant FCU         Amailing Address (include City, State, and Zip Code)       Committee ACCOUNT         Phone Number       d. Email Address         Amailing Address (include City, State, and Zip Code)       Committee ACCOUNT				
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Arlanders Hunter       Sandra OKonta         Mailing Address (include City, State, and Zip Code)       b. Mailing Address (include City, State and Zip Code)         710       Polo Road       WSNC 27106         8625       North Point Blvd WSNC 27106         8625       North Point Blvd WSNC 27106         . Phone Number       d. Email Address         c. Phone Number       d. Email Address         615-545-1644       Arlan 2535 DellSouth, net         Send report notices by email       Yes         Yes       No         Send report notices by email       Yes         Nelling Address (include City, State, and Zip Code)       6. Account Information (Incl. CRO-3500)         . Full Name       a. Financial Institution Full Name         Trulignt FCU       Nailing Address (include City, State, and Zip Code)         Mailing Address (include City, State, and Zip Code)       Committee Account				
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Phone Number d. Email Address b. Account Code c. Type				
Phone Number d. Email Address b. Account Code c. Type				
I Email copy of report notices PM 4N 2020 Checking				
Email copy of report notices IM 4N 2020 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.				
Arlanders Hunter Jo Hole Lator 3/24/2020				
Printed Name of Treasurer Signature of Appointed Treasurer Date				
) and for the information about is compationed by an distance of the second state of the second state of the follow de-				
I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the luties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter				
63 of the NC General Statutes.				
Paula J. McCov Haula J. M. Coy 3/24/2020				
Printed Name of Candidate Signature of Candidate Date				
CRO-2100A NC State Board of Elections November 2019				



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)

Paula McCoy 4 NEW	
Arlanders Hunter	
710 Polo Road	
Winston-Salem, NC 27106	

Treasurer Phone:

615)545-1644

Check One:

\_\_\_\_\_1 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.

\_\_\_\_\_1 am withdrawing my Certification to remain at or under the \$1,000 threshold. 1 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.

Paula y.

CRO-3600

Certification of Threshold

July 2014





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:	Paula J.	McCoy
Committee Name:	Paula Mcc	or 4'NEW
Treasurer Name:	Arlanders	Hunter
If Candidate is own th	reasurer, designate an	agent to carry out designations:
Committee ID #:		
Level Registered:	[State] [County] If co	ounty, specify: Forsyth
debts or reasonable	e) ay Campaign Committ expenses for winding	irect that in the event of my death or incapacity all ee account(s) (after payment of permitted outstanding up the Committee or closing office) be paid in the h. Stat. 163-278.16B(a).
	<u>of Entity</u> \$163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. MICDC		,33
2. NBN		.33
3. Love Out	- Loud	.34
		going entities are eligible beneficiaries under N.C. s form should be maintained with the Committee $Q = Q$
Signature of Candida	te: Paul	a.J. May

Date:

CRO-3900

124/2020

Candidate Designation of Committee Funds