

# 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
JOINES FOR MAYOR 2020	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
PO BOX 20397	12/2/2019
c. Committee Website (Optional)	f. Phone Number

## 2. Candidate Information

a. Full Name	e. Party Affiliation
J. ALLEN JOINES	DEMOCRAT
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
PO BOX 20397	MAYOR - CITY OF WINSTON-SALEM
c. Phone Number	g. Next Election Year
d. Email Address	h. Jurisdiction
<input type="checkbox"/> Email copy of report notices	

## 3. Treasurer Information

a. Full Name	4. Assistant Treasurer Information
WILLIAM C. ROSE	a. Full Name
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)
907 ASHLEY GLEN DRIVE WINSTON-SALEM NC 27104	
c. Phone Number	c. Phone Number
336-765-1645	
d. Email Address	d. Email Address
WILLIAMCROSE@YAHOO.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)

a. Full Name	6. Account Information (incl. CRO-3500)
WILLIAM C. ROSE	a. Financial Institution Full Name
b. Mailing Address (include City, State, and Zip Code)	FIRST NATIONAL BANK
SAME AS ABOVE	
c. Phone Number	b. Account Code
	001
d. Email Address	c. Type
	CHECKING
<input type="checkbox"/> 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.

WILLIAM C. ROSE

Printed Name of Treasurer

*William C. Rose*

Signature of Appointed Treasurer

1/17/20

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.

J. ALLEN JOINES

Printed Name of Candidate

*J. Allen Joines*

Signature of Candidate

01/15/2020

Date



# 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: J. ALLEN JOINES

Committee Name: JOINES FOR MAYOR 2020

Treasurer Name: WILLIAM C. ROSE

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

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

Level Registered: [State] [County] If county, specify: FORSYTH COUNTY

I, J. ALLEN JOINES, 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>BREATHING ACCESS</u>	<u>60%</u>
2. <u>Humane Society (Forsyth)</u>	<u>40%</u>
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: \_\_\_\_\_

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

CRO-3900

Candidate Designation of Committee Funds