## Statement of Organization - Candidate Committee

Is	this:	statement:
V	New	☐ Amended

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

This form must be	e accompanied by form CRO-3500. An ar	nended form is real	ired for ea	ch new election year	
1. Committee ini	ormation			malla de la	WAR DEVE
a. Name of Committe			E-MARKET NEWS	d. ID Number	BARRABARANA
Committee To Elect Sarah Absher				UCQ2N3	
b. Mailing Address (i	nclude City, State and Zip Code)		-	e. Date Organized	
3974 Huddingtor			02/25/2022		
c. Committee Website	(Optional)			f. Phone Number	
https://sarahabsl	nerforboe.com	336-986-1105			
2. Candidate Info	rmation		25 P 10 11 20 11	1000 000 1100	V.0.000000
a. Full Name		e. Party Affiliation			
MacKay Sarah A		Republican			
	nclude City, State, and Zip Code)	f. Office Sought			
3974 Huddingtor	n CT, Winston-Salem, NC, 27106	Forsyth County	Board of	Education At-Large	)
c . Phone Number	d. Email Address	g. Next Election Yea	r	h. Jurisdiction	
336-986-1105	sarahabsherforboe@protonmail.com	2022		Forsyth County	
Email copy of r	I .	1-0		orsylli County	- 1
3. Treasurer Infor	mation	4. Assistant Trea			
a. Full Name				ormation	
MacKay Sarah Al	a. Full Name None				
b. Mailing Address (in	clude City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)			
c. Phone Number 336-986-1105	d. Email Address sarahabsherforboe@protonmail.com	c. Phone Number	d. Email /	30	202 F
Send report no	otices by email  Yes  No				# 3
5. Custodian of Bo	oks Information (Keeper of Records)	Email copy of 6. Account Information	report noti	ces GPO 350	2
a. Full Name	0.100000	a. Financial Institution	n Full Name	Q THE PER	ACHARD STREET
None		USAA			
b. Mailing Address (inc	clude City, State, and Zip Code)	<b> </b>		E E	55
				The state of the s	GI I
c. Phone Number	d. Email Address	b. Account Code	c. Type		
	-	1	Checkin		
☐ Email copy of r	eport notices	1	CHECKIII	g	- 1
this report is comp  Priod  I certify that the info	ommittee is in compliance with all applicand that no funds are commingled with problete, true and correct.  Name of Treasurer  Ormation above is correct, and I, as the callities imposed upon the appointed treasural Statute.	hatul of Appointed Tre	asurer	funds. I further certification of the paragraphy fulfill to paragr	22
1-10	Name of Candidate	Signature of Candidate	myll	Dm 02 28	17



## **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 Sarah F	floshed	
Treasurer Name:	MacKay Sarah Absher		
Treasurer Address:	MacKay Sarah Absher 3974 Huddington Ct.	di ita	787
(include city, state, & zip)	Winston-Salem NC 271010		1
			Ν.
		4 September 1	70
Treasurer Phone:	(336) 986 - 1105	10 a	Ņ

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.

02 28 22 Date Signed BRSY COUNTY



## **Personal Representative Designation of Committee Funds**

This form is used by candidate committees only and allows the personal representative of the estate of a deceased candidate who did not file a written designation prior to death to file such written designation within ninety days of death. The representative is limited in the designation as outlined in 163-278.16B (a) (3).

Candidate Name:	at the Board of Elections office where the committee's campaign reports are filed.  MacKay Sarah Absher						
Committee Name:	Committee To Elect Sarah Absher			20	<b>W</b>		
Personal Representative of the Estate:  Alton L. Absher III					72 FE	35	
Committee ID #:	UCQ2N3  [State] [County] if county, specify: County, Forsyth				28		
Level Registered:			70	me			
				N	- Marie Mari		
manner as permitted b	or winding up the Co y N.C. Gen. Stat. 163-	278.16	r payment of permitted outse or closing office) be paid B (a) (3).	in the	g deb follov	ts or wing	
1. Green Mountain Inde Lenoir, NC 28645 2.	ependent Baptist Church	n in	100%			=	
children, parents, broth	ers or sisters are not exvith the committee reco	nd that mplove	ities are eligible beneficiaries the candidate or the candidate of the candidate of the candidate of the candidate of the candidate.	te's spor	use, is for		

Personal Representative Designation of Committee Funds

CRO-3900A