## **Statement of Organization - Candidate Committee**

Is this sta	atement:
New	☐ Amended

	eate a new or update an existing candidate					
This form must be a	accompanied by form CRO-3500. An amer		uired for eac	ch new election year.		
1. Committee Infor	rmation					
a. Name of Committee				d. ID Number		
Friends	of Regina Garner for clude City, State and Zip Code)	or School	Board	1CQ5RR		
D. Willing Audi cos (in-	2					
FO 15	50x 25631, Winston	1 Selom	27114	13 mar 22		
c. Committee Website (	(Optional)			f. Phone Number		
				(336)218-9407		
2. Candidate Infor	mation		NAME OF	1-04/-10		
a. Full Name		e. Party Affiliation				
Regina W	lichele Garner clude City, State, and Zip Code)	Libert		<b>.</b>		
		f. Office Sought				
2937 Bue	na Vista Rd, W-S, 27104	Forsith C	's Sch	00 Board At-Large		
c . Phone Number	d. Email Address	g. Next Election Yea	Agr	h. Jurisdiction		
(334)218-9407	Raina M Gamer Perotomma I. com			School Boord		
Email copy of re	eport notices	1		At - Carge		
3. Treasurer Inform		4. Assistant Tre	asurer Info			
a. Full Name		a. Full Name				
	Tuttle	1		25 80		
		b. Mailing Address	(include City,	American Communication of the		
2440 Reyno	Ids Dr., Winston Saben NC			r, State and Zip Code)		
		c. Phone Number	d. Email A	3 7 3 44		
	Tuttlenc@ 201, com					
Send report no	otices by email Wes No	☐ Email copy or	of report not	tices – O		
	oks Information (Keeper of Records)	6. Account Infor	rmation	(incl. CRO-3500)		
a. Full Name		a. Financial Instituti		e		
		FIRST CH	Lizano			
b. Mailing Address (incl	lude City, State, and Zip Code)	7 7. 0	DIELAGA			
c. Phone Number	d. Email Address	b. Account Code	c. Type			
		^2	1 2 1			
☐ Email copy of re	eport notices	1978	Chi	ecking		
				$\bigcup$		
I certify that the Co	ommittee is in compliance with all applicat	ble provisions of	Article 22A	of Chapter 163 of the NC		
General Statutes an	nd that no funds are commingled with proh	nibited or other no	on-disclosed	I funds. I further certify that		
this report is compi	plete, true and correct.	24/				
Bill E. I	Bill E. Tuttle #11 dem 14 May 22					
Printed 1	Name of Treasurer Sign	nature of Appointed Tr	reasurer	Date		
L'C- that the infe				maa		
I certify that the into	ormation above is correct, and I, as the candilities imposed upon the appointed treasure	ididate, appoint sa	aid treasurer	to personally fulfill the		
duties and responsibile 163 of the NC General	ilities imposed upon the appointed treasure	er and subject to the	he penames.	in Article 22A of Chapter		
0 . (	0			4 <b>4</b>		
Keaina	Garner	ma		13 Mar 22		

CRO-2100A

Printed Name of Candidate

NC State Board of Elections

Signature of Candidate

November 2019



## **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.

TILLED DI.	
Committee Name:	Friends of Regina Garner for School Boar
Treasurer Name:	Bill E. Tuttle
Treasurer Address:	2440 Reynolds Dr.
(include city, state, & zip)	Winston Salem NC 27/04
Treasurer Phone:	(520) 603-6530
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.

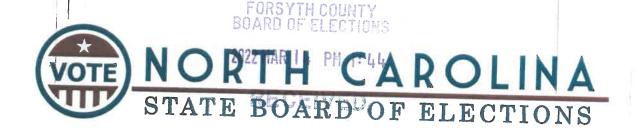
THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

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.

FILED RV.

Date Signed

14 Mar 22



## **Candidate Designation of Committee Funds**

This form is used by candidate committees only and allows the candidate to design

how the committee's fur	ids are to be disbursed using the eig	ght allowable methods outlined in 163-278.16B(a)	ath,
This Designation is file	d at the Board of Elections office	where the committee's campaign reports are fi	ilad
Candidate Name:	- Keaina Garn	IN	
Committee Name:	Friends of Regis	na Garner for School Box	ard
Treasurer Name:	BIN E. TUHTE	Jet W. Po	<i>x</i> 0
If Candidate is own t	reasurer, designate an agent t	to carry out designations:	
Committee ID #:	ID 10051	er	
Level Registered:	[State] County) If county, s	specify: Forsyth Ca	
funds remaining in m debts or reasonable following manner as	y Campaign Committee acco		nding in the
(Select from	§163-278.16B(a))	Plan for Disbursement (eg. Amount or	
		Total remaining balance	e 100°
By signing this form,	10B(a). A copy of this form s	tities are eligible beneficiaries under N.C. should be maintained with the Committee	