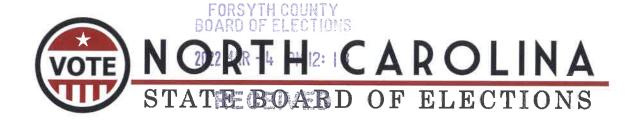
## **Statement of Organization - Candidate Committee**

Is this	statem	ent:	
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 require	red for each new election year.
--	---------------------------------

1. Committee Information				
a. Name of Committee		d. ID Number		
Tarsha Shore for B.O.E.	Committee			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized		
4805 Stonemall St. Winston-	-Salem NC 27	1105 2-28-2022		
c. Committee Website (Optional)		f. Phone Number		
		(336)776-1771		
2. Candidate Information		1111011(0000)		
a. Full Name	e. Party Affiliation			
Tarsha McDonald Shore				
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought			
b. Franking Address (include City, State, and Zip Code)		1 - 1 0		
4805 Stonewall St. W-5, NC 27105	Forsyth County Board of Education			
c . Phone Number d. Email Address	g. Next Election Year	h. Jurisdiction		
(334)757-2403 +mshore 0524egmail.com	2022	21		
Email copy of report notices				
3. Treasurer Information a. Full Name	4. Assistant Treasurer	Information		
-1	a. Full Name	8 0		
Sharon Marshall		2022		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include	City, State and Zip Code)		
3630 Law Rd. W-S, NC 27105				
c. Phone Number d. Email Address	c. Phone Number d. E	mail Address		
3330302-8698 Sharonemars hall Daol.com		mail Address S S S S S S S S S S S S S S S S S S		
Send report notices by email Yes You	☐ Email copy of report notices			
5. Custodian of Books Information (Keeper of Records)	6. Account Information			
a. Full Name	a. Financial Institution Full			
Angela Lynette Gordon	Truist 1.	Bank		
b. Mailing Address (include City, State, and Zip Code)	3711 1922			
4860 Stonewall St	6000 Univer	rsity Parkway		
Winston Salem NC 27105	Winston-Sole	on NC 27105		
c. Phone Number d. Email Address	b. Account Code c. Ty	/pe		
(336) 692-5259	1121	charting		
☐ Email copy of report notices	1234	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.  Share Marshall  Printed Name of Treasurer  Signature of Appointed 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.				
Tarsha M. Shore Souha M. She 3-3-22				
Printed Name of Candidate	Signature of Candidate	Date		



## **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:	Tarsha Shore for B.O.E. Committee Mrs. Sharon Marshall				
Treasurer Name:	Mrs. Sharon Marshall				
Treasurer Address:	3130 Shaw Rd.				
(include city, state, & zip)	Winston Salem, NC 27105				
Treasurer Phone:	(336) 302-8698				
Check One:    Check One:   Chec					
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.					
3-3-2022 Date Signed	Jaroha B. Shore				
Date Signed	Signature				



## **Candidate Designation of Committee Funds**

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

how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).					
		here the committee's campaign reports are filed.			
Candidate Name:	Jarsha M. St	100c			
Committee Name:		for B.O.E. Committee			
Treasurer Name:		Marshall			
If Candidate is own treasurer, designate an agent to carry out designations:					
Committee ID #:					
Level Registered:	[State] [County] If county, sp	ecify: Forsyth			
funds remaining in my debts or reasonable ex	Campaign Committee account	in the event of my death or incapacity all nt(s) (after payment of permitted outstanding Committee or closing office) be paid in the 63-278.16B(a).			
Name of (Select from §1	<u>f Entity</u> 163-278.16B(a))	Plan for Disbursement (eg. Amount or %)			
1. Alzheimer	5 Foundation of America	100%			
2					
3					
By signing this form, I of Gen. Statute 163-278.16 records.  Signature of Candidate:	bB(a). A copy of this form sh	ties are eligible beneficiaries under N.C. ould be maintained with the Committee			
Date:	_3-3-2022	<u>,                                      </u>			