

# 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.

<b>1. Committee Information</b>		d. ID Number
a. Name of Committee Reg 10 for County Commissioner		
b. Mailing Address (include City, State and Zip Code) 515 NMLK Drive Winston Salem, NC 27101		e. Date Organized 3/10/22
c. Committee Website (Optional)		f. Phone Number 3366029922

<b>2. Candidate Information</b>		e. Party Affiliation Rep.	
a. Full Name Regina Reg 10		f. Office Sought County Commissioner	
b. Mailing Address (include City, State, and Zip Code) 515 NMLK Drive Winston Salem, NC 27101		g. Next Election Year 2022	
c. Phone Number 3366029922	d. Email Address regina123179@gmail.com	h. Jurisdiction DISTRICT A	

☐ Email copy of report notices

<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name Regina Reg 10		a. Full Name Regina Reg 10	
b. Mailing Address (include City, State, and Zip Code) 515 NMLK Drive Winston Salem, NC 27101		b. Mailing Address (include City, State and Zip Code) Same	
c. Phone Number 316029922	d. Email Address regina123179@gmail.com	c. Phone Number Same	d. Email Address

Send report notices by email ☒ Yes ☐ No

<b>5. Custodian of Books Information (Keeper of Records)</b>		<b>6. Account Information</b> (incl. CRO-3500)	
a. Full Name Regina Reg 10		a. Financial Institution Full Name TMIST	
b. Mailing Address (include City, State, and Zip Code) 150 Main Street Winston Salem, NC 27101			
c. Phone Number	d. Email Address	b. Account Code PRL	c. Type Checking

☒ 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.

Regina Reg 10  
 Printed Name of Treasurer  
 Signature of Appointed Treasurer  
 3/10/22  
 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.

Regina Reg 10  
 Printed Name of Candidate  
 Signature of Candidate  
 3/10/22  
 Date

RECEIVED  
 2022 MAR 10 AM 8:45  
 BOARD OF ELECTIONS  
 FORSTYH COUNTY



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### 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:

Run for County Commissioner

Treasurer Name:

Regina Rios

Treasurer Address:

515 N MURKIN AVE APT 10

(include city, state, & zip)

WS 27101

Treasurer Phone:

336 602 9972

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.

3/10/22  
Date Signed

Signature



# 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: Reginald R. R.

Committee Name: R.R. for (unclear) / (unclear)

Treasurer Name: Reginald R. R.

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

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

Level Registered: [State] County If county, specify: Forsyth

I, \_\_\_\_\_, 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>FC Republican Party</u>	<u>100 %</u>
2. _____	_____
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: [Signature]

Date: 3/10/22