

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
Regina for Winston	12
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
P.O. Box 11172, Winston Salem, NC 27116	11/21/23
c. Committee Website (Optional)	f. Phone Number
www.reginaforwinston.com	336-654-8211

2. Candidate Information

a. Full Name	e. Party Affiliation		
Regina Ford Hall	Democrat		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
1258 Partridge Lane, Winston-Salem, NC 27106	Winston Salem City Council - Northwest Ward		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
571-201-3793	regina@reginaforwinston.com	2024	Northwest Ward
<input checked="" type="checkbox"/> Email copy of report notices			

3. Treasurer Information

a. Full Name	
Raneesha Ford	
b. Mailing Address (include City, State, and Zip Code)	
10652 Hillshire Avenue Baton Rouge, LA 70810	
c. Phone Number	d. Email Address
240-304-9262	info@reginaforwinston.com

Send report notices by email ☒ Yes ☐ No

4. Assistant Treasurer Information

a. Full Name	
b. Mailing Address (include City, State and Zip Code)	
c. Phone Number	d. Email Address

Amended

5. Custodian of Books Information (Keeper of Records)

a. Full Name	
Veronica Ford	
b. Mailing Address (include City, State, and Zip Code)	
2533 Dilworth Street Winston-Salem, NC 27101	
c. Phone Number	d. Email Address
336-416-3820	info@reginaforwinston.com

☒ Email copy of report notices

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name	
Truist	
b. Account Code	c. Type
12	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.

Raneesha Ford

Printed Name of Treasurer

Raneesha Ford
Signature of Appointed Treasurer

12/2/23

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 Ford Hall

Printed Name of Candidate

Regina Ford Hall
Signature of Candidate

12/2/23

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: Regina for Winston
Treasurer Name: Raneesha Ford
Treasurer Address: 10652 Hillshire Avenue
(include city, state, & zip) Baton Rouge, LA 70810

Treasurer Phone: 240-304-9262

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.

12/2/23

Date Signed

Regina Ford Hall
Signature



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: Regina Hall
Committee Name: Regina for Winston
Treasurer Name: Raneesha Ford

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

Committee ID #: 12

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

I, Regina Hall, 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>YMCA of NWNC</u>	<u>50%</u>
2. <u>Insight Human Services</u>	<u>50%</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: _____

12/2/23