

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	
Kevin Mundy for City Council		n/a	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
1100 Hudgins Hill Ct., Winston-Salem, NC 27103		12/20/19	
c. Committee Website (Optional)		f. Phone Number	
www.kevin-mundy.com		336-918-0259	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Kevin Gene Mundy		Democrat	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1100 Hudgins Hill Ct. Winston-Salem, NC 27103		Winston-Salem City Council, Southwest Ward	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-918-0259	kevin1mundy@gmail.com	2020	Southwest Ward
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Kevin Gene Mundy		n/a	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
1100 Hudgins Hill Ct. Winston-Salem, NC 27103			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-918-0259	kevin1mundy@gmail.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
n/a		Truist (formerly BB&T)	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		KMFCC-CHK	Checking
<input type="checkbox"/> Email copy of report notices			
<p>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.</p> <p>Kevin Mundy Printed Name of Treasurer</p> <p><i>Kevin Mundy</i> Signature of Appointed Treasurer</p> <p>5/1/2022 Date</p> <p>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.</p> <p>Kevin Mundy Printed Name of Candidate</p> <p><i>Kevin Mundy</i> Signature of Candidate</p> <p>5/1/2022 Date</p>			

Amended



NORTH CAROLINA STATE BOARD OF ELECTIONS

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).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: Kevin Gene Mundy

Committee Name: Kevin Mundy for City Council

Personal Representative of the Estate: Michael Lee Isley (husband)

Committee ID #: n/a

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

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MAY 30 2022

Amended

I, Michael Lee Isley, hereby request that all funds remaining in the above
(Name of Representative)
referenced 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) (3).

Name of Entity <small>(Select from §163-278.16B (a) (3))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>Forsyth Humane Society</u>	<u>100% for FHS general operating funds</u>
2. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B (a) (3). I understand that the candidate or the candidate's spouse, children, parents, brothers or sisters are not employed by the organization. A copy of this form should be maintained with the committee records.

Signature of Representative: Michael Lee Isley Date: 5/1/2022