

Statement of Organization - Candidate Committee

Amendment
 Yes No

Use this form to create a new or update an existing candidate committee. **WYOMING COUNTY BOARD OF ELECTIONS**
 This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information		2018 MAR -8 PM 12:11	c. ID Number
a. Full Name		The Committee to Elect Leah Crowley	5CQRJ5
b. Mailing Address (include City, State and Zip Code)		760 Oaklawn Ave Winston-Salem NC 27104	d. Date Organized 3/1/2018
			e. Phone Number 336.723.2518

2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Leah Hopkins Crowley			Republican <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
760 Oaklawn Ave Winston-Salem NC 27104		Board of Education	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
336.723.2518	LeahHCrowley@gmail.com		
<input checked="" type="checkbox"/> Email copy of notices			

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Stephanie Fisher Kennedy			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
2700 Monticello Dr Winston-Salem NC 27106			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-308-2031	srfkennedy@gmail.com		

I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<input type="checkbox"/> Email copy of notices			

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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.

Stephanie Kennedy *S Kennedy* 3/8/18
 Printed Name of Signer Signature of Appointed Treasurer Date



North Carolina
 State Board of Elections
 441 N Harrington Street
 Raleigh, NC 27603

Kim Westbrook Strach
 Executive Director

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

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

FILED BY:

Candidate Name: Leah Hopkins Crowley
 Treasurer Name: Stephanie Fisher Kennedy
 Treasurer Address: 2700 Monticello Dr
 (include city, state, & zip) Winston-Salem NC 27106

 Treasurer Phone: 828-308-2031

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

3/6/2018
 Date Signed

Leah H. Crowley
 Signature of Candidate



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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: The Committee to Elect Leah Crowley
 Treasurer Name: Stephanie F. Kennedy
 Treasurer Address: 2700 Monticello Dr
 (include city, state, & zip) Winston-Salem NC 27106

 Treasurer Phone: 828-308-2031

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.

3/8/18
 Date Signed

S. Kennedy
 Signature



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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: Leah Hopkins Crowley

Committee Name: The Committee to Elect Leah Crowley

Treasurer Name: Stephanie Fisher Kennedy

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

Committee ID #: 5CQRJ5

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

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).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Return Pro-rata to all contributors</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: Leah H. Crowley

Date: 3/6/2018