

COPY

Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

Amendment

☒ Yes

☐ No

Committee Information	
a. Full Name Carolyn Highsmith Campaign for City Council - South Ward	c. ID Number 6CQ74W
b. Mailing Address (include City, State and Zip Code) 3335 Anderson Drive Winston-Salem, NC 27127-5101	d. Date Organized 7/18/2013
	e. Phone Number 336-788-9461

Candidate Information		<input type="checkbox"/> Candidate	<input type="checkbox"/> Primary Committee
a. Full Name Carolyn A. Highsmith	e. Candidate ID Number 6CQ74W	f. Party Affiliation Democrat (Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code) 3335 Anderson Drive Winston-Salem, NC 27127-5101	g. Office Sought City Council - South Ward		
c. Phone Number 336-788-9461	d. Email Address Carolyn_Highsmith@outlook.com	h. Next Election Year 2013	i. Jurisdiction South Ward
<input checked="" type="checkbox"/> Email copy of notices			

Assistant Treasurer Information		Custodian of Books Information	
a. Full Name Carolyn A. Highsmith	a. Full Name Carolyn A. Highsmith		
b. Mailing Address (include City, State, and Zip Code) 3335 Anderson Drive Winston-Salem, NC 27127-5101	b. Mailing Address (include City, State, and Zip Code) 3335 Anderson Drive Winston-Salem, NC 27127-5101		
c. Phone Number 336-788-9461	d. Email Address Carolyn_Highsmith@outlook.com	c. Phone Number 336-788-5461	d. Email Address Carolyn-highsmith@outlook.com

I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Email copy of notices	
Assistant Treasurer Information		Account Information	
a. Full Name Carolyn A. Highsmith		a. Financial Institution Full Name Truiant Federal Credit Union	
b. Mailing Address (include City, State, and Zip Code) 3335 Anderson Drive Winston-Salem, NC 27127-5101		b. Purpose Campaign for City Council Act.	
c. Phone Number 336-788-9461	d. Email Address Carolyn_Highsmith@outlook.com	c. Account Code CA#2013	d. Type Basic Checking
<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.

Carolyn A. Highsmith
Printed Name of Signer

Carolyn A. Highsmith
Signature of Appointed Treasurer

July 26 2013
Date



COPY

North Carolina 2013 JUL 26 PM 3:31
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

RECEIVED

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Treasurer

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

FILED BY:

Candidate Name: Carolyn A. Highsmith
Treasurer Name: Carolyn A. Highsmith
Treasurer Address: 3335 Anderson Drive
(include city, state, & zip) Winston-Salem, NC 27127-5101

Treasurer Phone: 336-788-9461

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).

July 25, 2013
Date Signed

Carolyn A. Highsmith
Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



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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.

FILED BY:

Committee Name:

Carolyn Highsmith Campaign for City Council -

Treasurer Name:

Carolyn A. Highsmith

Treasurer Address:

3335 Anderson Drive

(include city, state, & zip)

Winston-Salem, NC 27127-5101

Treasurer Phone:

336-788-9461

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.

July 25, 2013
Date Signed

Carolyn A. Highsmith
Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



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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).

Candidate Name: Carolyn A. Highsmith
Committee Name: Carolyn Highsmith Campaign for City Council - South Ward
Treasurer Name: Carolyn A. Highsmith

If Candidate is own treasurer, designate an agent to carry out designations: Mary Jane Galloway

Committee ID #: 6CQ74W

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

I, Carolyn A. Highsmith, 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>Democracy North Carolina</u>	<u>100% of remaining funds</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: Carolyn A. Highsmith

Date: July 25, 2013

Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.