

COPY

Amendment
 Yes No
 FORSYTH COUNTY

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).

1. Committee Information				6/14/2014	
a. Full Name			c. ID Number		
United to Elect German Garcia			8CQ175		
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
824 Gehring Dr Kernersville, NC 27284			2/19/2014		
			e. Phone Number		
			336 406 7323		
2. Candidate Information				<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
German D. Garcia		8CQ175		Democrat (Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
824 Gehring Dr Kernersville NC 27284		Board of Education			
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction		
336 406 7323	g.d.garcia05@gmail.com	2014	Forsyth County		
<input type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
Gabriela D. Rocha					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
542 Foxcroft Dr Winston-Salem NC 27103					
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
336 575 5097	gabydownse@hotmail.com				
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Email copy of notices		
5. Assistant Treasurer Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Peggy Duran		Wells Fargo			
b. Mailing Address (include City, State, and Zip Code)		b. Purpose			
6755 Village Brook Trl Clemmons NC 27012		Fund Raising			
c. Phone Number	d. Email Address	c. Account Code	d. Type		
336 766 5981	Pm13dure@att.net		DOM 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.					
Gabriela Rocha				3/10/2014	
Printed Name of Signer		Signature of Appointed Treasurer		Date	

COPY

FORSYTH COUNTY
ELECTIONS

2014 MAR 18 PM 4:01

North Carolina
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: GERMAN D. GARCIA
Treasurer Name: Gabriela D. Rocha
Treasurer Address: 542 Foxcroft Dr
(include city, state, & zip) Winston-Salem, NC 27103

Treasurer Phone: (336) 575-5097

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).

2/19/2014
Date Signed

gd Garcia
Signature of Candidate

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

COPY

FORSYTH COUNTY BOARD OF ELECTIONS

2014 MAR 18 PM 4:02

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

Kim Westbrook Strach
Executive Director

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

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: German D. Garcia

Committee Name: United to Elect Coerman Garcia

Treasurer Name: Gabriela D. Rocha

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

Committee ID #: _____

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

I, GERMAN D. GARCIA, 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>Forsyth Dem 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: G.D. Garcia

Date: 2/19/2014

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