

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

1. Committee Information

a. Full Name

Keenen For County Commissioner

c. ID Number

b. Mailing Address (include City, State and Zip Code)

413 Granville Dr
Winston Salem, NC
27101

d. Date Organized

e. Phone Number

336-276-5509

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name

Keenen Altic

e. Candidate ID Number

109698

f. Party Affiliation

Green

(Indicate Non-partisan if applicable)

b. Mailing Address (include City, State, and Zip Code)

413 Granville Dr
Winston Salem, NC, 27101

g. Office Sought

Forsyth County Commissioner at Large

c. Phone Number

336-276-5509

d. Email Address

Keenen4workerpower@gmail.com

h. Next Election Year

i. Jurisdiction

☒ Email copy of notices

3. Treasurer Information

a. Full Name

Keenen Altic

4. Custodian of Books Information

a. Full Name

Keenen Altic

b. Mailing Address (include City, State, and Zip Code)

413 Granville Dr
Winston Salem, NC, 27101

b. Mailing Address (include City, State, and Zip Code)

413 Granville Dr
Winston Salem, NC, 27101

c. Phone Number

336-276-5509

d. Email Address

Keenen4workerpower@gmail.com

c. Phone Number

336-276-5509

d. Email Address

Keenen4workerpower@gmail.com

I prefer to receive notices by email

☒ Yes ☐ No

☒ Email copy of notices

5. Assistant Treasurer Information

☐ Add

☐ Remove

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

☐ Email copy of notices

6. Account Information (incl. CRO-3500)

☐ Add

☐ Remove

a. Financial Institution Full Name

Allegacy Federal Credit Union

b. Purpose

campaign

c. Account Code

1

d. Type

Business Checking

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.

Keenen Altic

Printed Name of Signer

Keenen Altic

Signature of Appointed Treasurer

7/6/2018

Date



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

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: Keenen For County Commissioner

Treasurer Name: Keenen Altic

Treasurer Address: 413 Granville Dr

(include city, state, & zip) Winston Salem, NC 27101

Treasurer Phone: 334-276-5509

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.

7/6/2018
Date Signed

Keenen Altic
Signature



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

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:

Keenen Altic

Treasurer Name:

Keenen Altic

Treasurer Address:

413 Granville Dr

(include city, state, & zip)

Winston Salem, NC 27101

Treasurer Phone:

336-276-5509

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).

7/6/2018

Date Signed

Keenen Altic

Signature of Candidate