

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	c. ID Number
Committee to Elect Molly Leight for City Council	9CQTDZ
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
516 S. MAIN ST. WINSTON-SALEM, NC 27101	6-20-13
	e. Phone Number
	336-725-4325

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	c. Candidate ID Number	f. Party Affiliation
MARY A. LEIGHT	9CQTDZ	DEM.
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	(Indicate Non-partisan if applicable)
313 S. MAIN W-S 2701	CITY COUNCIL SOUTH WARD	
c. Phone Number	d. Email Address	h. Next Election Year
725-4325	molly@cityofws.org	2013
<input type="checkbox"/> Email copy of notices	i. Jurisdiction	
	SOUTH WARD	

3. Treasurer Information

a. Full Name	a. Full Name
LINDA HOBBS	
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
516 S. MAIN STREET WINSTON-SALEM, NC 27101	
c. Phone Number	d. Email Address
336-761-8806	mamaChobbs@triad.rr.com

I prefer to receive notices by email ☐ Yes ☒ No

☐ Email copy of notices

5. Assistant Treasurer Information

a. Full Name	b. Account Information (incl CRO-3500)
	a. Financial Institution Full Name
	PIEDMONT FEDERAL SAVINGS BANK
b. Mailing Address (include City, State, and Zip Code)	b. Purpose
	Campaign expenditures
c. Phone Number	d. Type
	117 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.

LINDA HOBBS

Printed Name of Signer

Linda A. Hobbs

Signature of Appointed Treasurer

7-10-13

Date



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

COPY
FORSYTH COUNTY
BOARD OF ELECTIONS

2013 JUL 11 AM 10:36

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:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

Molly Leight

LINDA HOBBS

516 S. MAIN STREET

WINSTON-SALEM, NC 27101

336-761-8806

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).

7-9-13

Date Signed

Molly Leight

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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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:

Molly Leight

Committee Name:

Committee to Elect Molly Leight for City Council

Treasurer Name:

LINDA HOBBS

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

Committee ID #:

20-3558779

Level Registered:

[State] [County] If county, specify: _____

I, Molly Leight
(Name of Candidate)

hereby direct that in the event of my death or incapacity all 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. Democratic Party - Forsyth County - 100%

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:

M. A. Leight

Date:

7-9-13

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