

# Statement of Organization - Candidate Committee

Is this statement:

☒ New

☐ Amended

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

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

## 1. Committee Information

a. Name of Committee

Elect Susan Miller Board of Education

d. ID Number

ECQV2W

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

645 N Stratford Rd Winston-Salem NC 27104

e. Date Organized

12-6-21

c. Committee Website (Optional)

NA

f. Phone Number

336-407-1266

## 2. Candidate Information

a. Full Name

Susan Miller

e. Party Affiliation

Republican

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

645 N Stratford Rd  
Winston-Salem NC 27104

f. Office Sought

Board of Education

c. Phone Number

336-407-1266

d. Email Address

stmiller39@gmail.com

g. Next Election Year

2022

h. Jurisdiction

District 2

☐ Email copy of report notices

## 3. Treasurer Information

a. Full Name

Susan T. Miller

## 4. Assistant Treasurer Information

a. Full Name

NA

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

645 N Stratford Rd, Winston-Salem NC 27104

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

c. Phone Number

336-407-1266

d. Email Address

stmiller39@gmail.com

c. Phone Number

d. Email Address

Send report notices by email ☐ Yes ☐ No

☐ Email copy of report notices

## 5. Custodian of Books Information (Keeper of Records)

a. Full Name

NA

## 6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name

North Carolina State Employee  
Credit Union

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

c. Phone Number

d. Email Address

b. Account Code

c. Type

☐ Email copy of report notices

"1"

checking

I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.

\* Susan T. Miller

Printed Name of Treasurer

Susan T. Miller

Signature of Appointed Treasurer

12-6-21

Date

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

\* Susan T. Miller

Printed Name of Candidate

Susan T. Miller

Signature of Candidate

12-6-21

Date



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### 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: Vote Susan Miller Board of Election

Treasurer Name: Susan Miller

Treasurer Address: 645 N Stratford Rd.

(include city, state, & zip) Winston Salem, NC 27104

Treasurer Phone: 336-407-1266

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.

11-6-21

Date Signed

Susan J. Miller

Signature



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

2021 DEC -9 AM 11:50

Kim Westbrook Strach  
Executive Director

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

### 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: Susan Miller

Committee Name: Elect Susan Miller Board of Education

Treasurer Name: Susan Miller

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

Committee ID #: ECQV2W

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

I, Susan Miller, 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<br>(Select from §163-278.16B(a)) | Plan for Disbursement (eg. Amount or %) |
|---|---|
| 1. <u>Mt. Tabor UMC</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: Susan Miller

Date: 12-6-21