

# 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

Committee to Elect Michael Quinones

d. ID Number

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

180 Townsend Ridge Drive, WS, NC 27107

e. Date Organized

12/12/25

c. Committee Website (Optional)

f. Phone Number

336-287-8854

## 2. Candidate Information

a. Full Name

Michael Quinones

e. Party Affiliation

Republican

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

180 Townsend Ridge Dr, WS, NC 27107 WSFCS Board of Education

f. Office Sought

c. Phone Number

336-287-8854

d. Email Address

socialstudiesguync@gmail.com

g. Next Election Year

2026

h. Jurisdiction

WSFCS / Forsyth

☐ Email copy of report notices

## 3. Treasurer Information

a. Full Name

Michael Quinones

## 4. Assistant Treasurer Information

a. Full Name

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

180 Townsend Ridge Dr WS, NC 27107

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

c. Phone Number

336-287-8854

d. Email Address

socialstudiesguync@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

Michael Quinones

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

a. Financial Institution Full Name

Wells Fargo

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

180 Townsend Ridge Dr WS, NC 27107

221 E Mountain St Kennesaw NC 27204

c. Phone Number

336-287-8854

d. Email Address

socialstudiesguync@gmail.com

b. Account Code

CTE MQ

c. Type

personal checking

☐ Email copy of report notices

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.

Michael Quinones

Printed Name of Treasurer

Signature of Appointed Treasurer

Date

12/12/25

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.

Michael Quinones

Printed Name of Candidate

Signature of Candidate

Date

12/12/25



# 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:

Committee to Elect Michael Quinones

Treasurer Name:

Michael Quinones

Treasurer Address:

180 Townsend Ridge Dr

(include city, state, & zip)

Winston Salem, NC

27/07

Treasurer Phone:

336-287-8854

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.

11/17/15

Date Signed

[Signature]

Signature



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### 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:

Committee Name:

Treasurer Name:

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

Committee ID #:

Level Registered:

[State] [County] If county, specify:

I, Michael Quinones, 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. I will not accept nor
2. spend any funds for campaign
3. beyond my filing fee.

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:

Date:

CRO-3900

Candidate Designation of Committee Funds