

# Statement of Organization - Candidate Committee

Amendment  
 Yes  No

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).

<b>1. Committee Information</b>	
a. Full Name Kandy Koonce for Alderman	c. ID Number
b. Mailing Address (include City, State and Zip Code) P.O. Box 112 Richlands NC 28574	d. Date Organized 07-06-15
	e. Phone Number (910) 324-4513

<b>2. Candidate Information</b>		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name Kandy Koonce	e. Candidate ID Number	f. Party Affiliation (Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code) P.O. Box 112 Richlands NC 28574	g. Office Sought Richlands Alderman		
c. Phone Number (910) 324-4513	d. Email Address Kandy0@ymail.com	h. Next Election Year	i. Jurisdiction
<input type="checkbox"/> Email copy of notices			

<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name Kandy Koonce	a. Full Name		
b. Mailing Address (include City, State, and Zip Code) P.O. Box 112 Richlands NC 28574	b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number (910) 324-4513	d. Email Address Kandy0@ymail.com	c. Phone Number	d. Email Address
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			

<b>5. Assistant Treasurer Information</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)	b. Purpose		
c. Phone Number	d. Email Address	c. Account Code	d. Type
<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.

Kandy Koonce  
 Printed Name of Signer

*Kandy Koonce*  
 Signature of Appointed Treasurer

07-06-15  
 Date



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

Kim Westbrook Strach  
 Executive Director

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

**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: Handy Koance  
 Treasurer Name: Handy Koance  
 Treasurer Address: Handy Koance  
 (include city, state, & zip) P.O. Box 112 Richlands NC 28571  
NC  
NC  
 Treasurer Phone: \_\_\_\_\_

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).

07-06-15  
 Date Signed

Handy Koance  
 Signature of Candidate



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**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: Kandy Koonce for Alderman  
 Treasurer Name: \_\_\_\_\_  
 Treasurer Address: P.O. Box 112  
 (include city, state, & zip) Richlands NC 28574  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: \_\_\_\_\_

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.

1 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.

07-06-15  
Date Signed

Kandy Koonce  
Signature