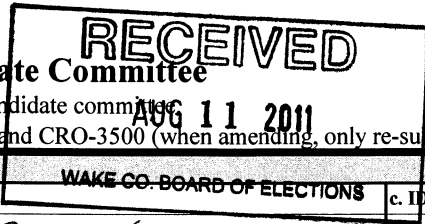


Statement of Organization - Candidate Committee



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).

1. Committee Information			
a. Full Name <i>Donna for School Board</i>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>P.O. Box 98268 Raleigh, NC 27624</i>		d. Date Organized <i>8-11-2011</i>	
		e. Phone Number <i>919-817-8411</i>	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name <i>Donna Williams</i>		e. Candidate ID Number	f. Party Affiliation <i>non-partisan</i> <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) <i>1100 Watermark Ct. Raleigh, NC 27609</i>		g. Office Sought <i>Wake County School Board - District 6</i>	
c. Phone Number <i>919-817-8411</i>	d. Email Address <i>Donna@DonnaforSchoolBoard.com</i>	h. Next Election Year	i. Jurisdiction
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name <i>Jo Ann Woodall</i>		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) <i>P.O. Box 98268 Raleigh, NC 27624</i>		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number <i>919-817-8411</i>	d. Email Address <i>JoAnn@DonnaforSchoolBoard.com</i>	c. Phone Number	d. Email Address
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name <i>First Citizens Bank</i>	b. Purpose <i>Campaign</i>
b. Mailing Address (include City, State, and Zip Code)		c. Account Code <i>01</i>	d. Type <i>checking</i>
c. Phone Number	d. Email Address		
<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.			
<i>Jo Ann Woodall</i> Printed Name of Signer	<i>Jo Ann Woodall</i> Signature of Appointed Treasurer	<i>8-11-2011</i> Date	



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

RECEIVED

AUG 11 2011

WAKE CO. BOARD OF ELECTIONS

Kimberly Westbrook-Strach
 Deputy Director – Campaign Reporting

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: Donna Williams
 Treasurer Name: Jo Ann Woodall
 Treasurer Address: P.O. Box 98268
 (include city, state, & zip) Raleigh, NC 27624

 Treasurer Phone: 919-877-8411

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).

8-11-2011
 Date Signed

Donna Williams
 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 nine allowable methods outlined in 163-278.16B(a).

Candidate Name: Donna Williams
 Committee Name: Donna for School Board
 Treasurer Name: Jo Ann Woodall

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

Committee ID #: _____

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

I, Donna Williams, 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 <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>Wake County GOP</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: Donna Williams
 Date: 8-11-2011