

**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).

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

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

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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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Mailing Address  
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Raleigh, NC 27611-7255  
(919) 733-7173  
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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: To 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

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