

## Statement of Organization – Candidate Committee

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.

Is this statement:

New  Amended

|   |                   |
|---|-------------------|
| a. Name of Committee  | d. ID Number      |
| Joyce Monica Artis for the Town of Fremont Board of Aldermen District 4 |                   |
| b. Mailing Address (include City, State and Zip Code)                   | e. Date Organized |
| P.O. Box 1101 Fremont, NC 27830   | 6/13/2023         |
| c. Committee Website (Optional)   | f. Phone Number   |
| joyceartis87@gmail.com  |                   |

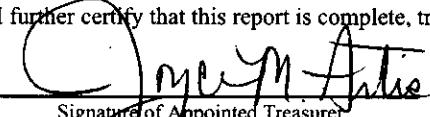
|  |                        |                       |                 |
|--|------------------------|-----------------------|-----------------|
| a. Full Name   | e. Party Affiliation   |                       |                 |
| Joyce Monica Artis                                     | Democrat               |                       |                 |
| b. Mailing Address (include City, State, and Zip Code) | f. Office Sought       |                       |                 |
| P.O. Box 1101 Fremont NC 27830                         | Alderman               |                       |                 |
| c. Phone Number  | d. Email Address       | g. Next Election Year | h. Jurisdiction |
|  | joyceartis87@gmail.com | 2023                  | Town of Fremont |

|  |  |                 |                   |
|--|--|-----------------|-------------------|
| <input checked="" type="checkbox"/> Email copy of report notices | a. Full Name   |                 |                   |
| Joyce Monica Artis   | N/A  |                 |                   |
| b. Mailing Address (include City, State, and Zip Code)           | b. Mailing Address (include City, State, and Zip Code) |                 |                   |
| P.O. Box 1101 Fremont NC 27830                                   |  |                 |                   |
| c. Phone Number  | d. Email Address                                       | e. Phone Number | f. Email Address  |
|  | joyceartis87@gmail.com                                 |                 | RECEIVED<br>WCBOE |

|  |   |   |         |
|--|---|---|---------|
| Send report notices by email                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Email copy of report notices |         |
| a. Full Name   | a. Financial Institution Full Name                                  |   |         |
| N/A  | N/A BY  |   |         |
| b. Mailing Address (include City, State, and Zip Code) |   |   |         |
| c. Phone Number  | d. Email Address  | b. Account Code                                       | c. Type |
|  |   |   |         |
| <input type="checkbox"/> 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.

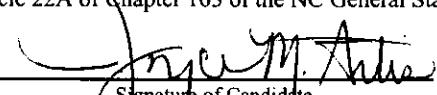
Joyce Monica Artis  
Printed Name of Treasurer

  
Signature of Appointed Treasurer

July 19, 2023  
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.

Joyce Monica Artis  
Printed Name of Candidate

  
Signature of Candidate

July 19, 2023  
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: Joyce Monica Artis for the Town of Fremont Board of Alderman District 4

Treasurer Name: Joyce Monica Artis

Treasurer Address: 507 E. Lee Street

(include city, state, & zip)      Fremont, NC 27830

Table 1. Summary of the main characteristics of the four models.

Ch. 1.9

X 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.

July 19, 2023  
Date Signed

expenditures that have not been previously reported  
I agree to file all future reports required.

  
\_\_\_\_\_  
Signature



# NORTH CAROLINA

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## 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: Joyce Monica Artis

Committee Name: Joyce Monica Artis for the Town of Fremont Board of Aldermen District 4

Treasurer Name: Joyce Monica Artis

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

Committee ID#:

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

I, Joyce Monica Artis, 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).

|    | <u>Name of Entity</u><br><i>(Select from §163-278.16B(a))</i> | <u>Plan for Disbursement (eg. Amount or %)</u> |
|----|---|--|
| 1. | Calvary Baptist Church  | 100%   |
| 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:

Date:

July 19, 2023