

# 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	d. ID Number
REELECT DAUGHTERY COMMITTEE	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
125 OXFORD DRIVE GOLDSBORO, NC 27534	
c. Committee Website (Optional)	f. Phone Number
	919-273-6065

## 2. Candidate Information

a. Full Name	e. Party Affiliation		
JOE DAUGHTERY	REPUBLICAN		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
125 OXFORD DRIVE GOLDSBORO, NC 27534	WAYNE COUNTY COMMISSIONER DISTRICT 6		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919-273-6065	JDaugh@msn.com	2024	WAYNE COUNTY
<input type="checkbox"/> Email copy of report notices			

## 3. Treasurer Information

a. Full Name	b. Mailing Address (include City, State and Zip Code)		
MALORIE C. TARANGO			
c. Phone Number	d. Email Address	e. Phone Number	f. Email Address
919-735-6300	malorie@groupbgc.com		
<input type="checkbox"/> Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	

## 5. Custodian of Books Information (Keeper of Records)

a. Full Name	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			

## 4. Assistant Treasurer Information

a. Full Name			
b. Mailing Address (include City, State and Zip Code)			
PO BOX 10553 GOLDSBORO, NC 27532			
c. Phone Number	d. Email Address		
919-735-6300	malorie@groupbgc.com		
<input type="checkbox"/> Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	

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

a. Financial Institution Full Name	
FIRST BANK	
RECEIVED	
WCBOE	
DEC 04 2023	
b. Account Code	c. Type
<input type="checkbox"/> CHECKING <input type="checkbox"/> BY _____	

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.

MALORIE TARANGO

Printed Name of Treasurer

*Malorie Tarango*

Signature of Appointed Treasurer

12-4-2023

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.

JOE DAUGHTERY

Printed Name of Candidate

*Joe Daugherty*

Signature of Candidate

12-4-2023

Date



# 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: Joe Daughtry

Committee Name: Re Elect Daughtry Committee

Treasurer Name: Malorie Tarango

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

Committee ID #: \_\_\_\_\_

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

I, Joe Daughtry,  
(Name of Candidate) hereby direct that in the event of my death or incapacity all 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> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Wayne County Republican Party</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: Joe Daughtry

Date: 12-4-2023