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

1. Committee Information

a. Name of Committee
Tondalayo Clark

d. ID Number
—

b. Mailing Address (include City, State and Zip Code)
704 S. Taylor St., Goldsboro, NC 27530

e. Date Organized
12-11-2023

c. Committee Website (Optional)

f. Phone Number
(919) 344-1717

2. Candidate Information

a. Full Name
Tondalayo Alicia Clark

e. Party Affiliation
Democrat

b. Mailing Address (include City, State, and Zip Code)
704 S. Taylor St.
Goldsboro, NC 27530

f. Office Sought
W.C. Commissioner, District 2

c. Phone Number c.
(919) 344-1717

d. Email Address
clark.tondalayo@gmail.com
☐ Email copy of report notices

g. Next Election Year
2024

h. Jurisdiction
W.C. District 2

3. Treasurer Information

a. Full Name
Tondalayo Clark

b. Mailing Address (include City, State, and Zip Code)
704 S. Taylor St. Goldsboro, NC. 27530

c. Phone Number
Same

d. Email Address
Same

Send report notices by email ☑ Yes ☐ No

4. Assistant Treasurer Information

a. Full Name
(same)

b. Mailing Address (include City, State and Zip Code)
(same)

c. Phone Number
Same

d. Email Address
Same

☑ 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

☐ Email copy of report notices

6. Account Information   (incl. CRO-3500)

a. Financial Institution Full Name

RECEIVED
WCBOE
DEC 18 2023

b. Account Code

c. Type

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.

Tondalayo Clark
Printed Name of Treasurer

Tondalayo Clark (Signature of Appointed Treasurer)

12/18/2023
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.

Tondalayo Clark
Printed Name of Candidate

Tondalayo Clark (Signature of Candidate)

12/18/2023
Date

CRO-2100A   NC State Board of Elections   November 2019

NORTH CAROLINA
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: _Tondalayo Clark_

Committee Name: _~~T. Clark's Campaign~~ Tondalayo Clark_

Treasurer Name: _Tondalayo Clark_

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

Committee ID #: _____

Level Registered: [State] (County) If county, specify: _Wayne_

I, _Tondalayo Clark_, 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 (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. _Boys & Girls Club_	_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: _Tondalayo Clark_

Date: _12/18/2023_