

# 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.

<b>1. Committee Information</b>			
a. Name of Committee Re-Elect Coram for Wayne		d. ID Number HK 1912	
b. Mailing Address (include City, State and Zip Code) 506 Cardinal Dr. Golds NC 27534		e. Date Organized 12.15.23	
c. Committee Website (Optional) _____		f. Phone Number 919.223.8124	
<b>2. Candidate Information</b>			
a. Full Name Constance B. Coram		e. Party Affiliation Democrat	
b. Mailing Address (include City, State, and Zip Code) 506 Cardinal Dr Golds NC 27534		f. Office Sought Wayne County Register of Deeds	
c. Phone Number 919.223.8124	d. Email Address ccoram.2012@gmail.com	g. Next Election Year 2024	h. Jurisdiction Wayne County
<input type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name Betty F. Johnson		a. Full Name RECEIVED WCBOE	
b. Mailing Address (include City, State, and Zip Code) 106 A Wescott Pl, Goldsboro NC 27534		b. Mailing Address (include City, State and Zip Code) JAN 03 2024	
c. Phone Number 919/947/0392	d. Email Address bfmpj21@gmail.com	c. Phone Number BY _____	d. Email Address BY _____
<input type="checkbox"/> Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
<b>5. Custodian of Books Information (Keeper of Records)</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name Betty F. Johnson		a. Financial Institution Full Name Wells Fargo Bank	
b. Mailing Address (include City, State, and Zip Code) 106 A Wescott Pl, Goldsboro NC 27534		b. Account Code 001	
c. Phone Number 919/947/0392	d. Email Address bfmpj21@gmail.com	c. Type checking	
<input checked="" type="checkbox"/> Email copy of report notices			
<p>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.</p> <p> <u>Betty F. Johnson</u>      <u>Betty F. Johnson</u>      <u>1/2/2024</u>              Printed Name of Treasurer      Signature of Appointed Treasurer      Date         </p> <p>             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.         </p> <p> <u>Constance B. Coram</u>      <u>Constance B. Coram</u>      <u>1.2.24</u>              Printed Name of Candidate      Signature of Candidate      Date         </p>			



# 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:

Re-Elect Coram for Wayne

Committee Name:

Constance B. Coram

Treasurer Name:

Betty Johnson

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

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

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

I, Constance Coram, 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. <u>Anthony Bryant</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:

Constance B. Coram

Date:

1.2.24