

# Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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).

<b>1. Committee Information</b>					
a. Full Name			c. ID Number		
Teachers supporting Teachers Elect Donna			BDUK54		
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
2464 Balls Creek Rd Newton NC 28658			6/14/2016		
			e. Phone Number		
			828-465-2855		
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
Donna Lutz-Carpenter		BDUK54		Non-Partisan <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
2464 Balls Creek Rd Newton NC 28658		Catawba County School Board			
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
828-465-2855	donnacarp0219@aol.com	2016		County	
<input type="checkbox"/> Email copy of notices					
<b>3. Treasurer Information</b>			<b>4. Custodian of Books Information</b>		
a. Full Name			a. Full Name		
Donna Lutz-Carpenter					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
2464 Balls Creek Rd Newton NC 28658					
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
828-465-2855	donnacarp0219@aol.com				
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
<b>5. Assistant Treasurer Information</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>6. Account Information</b> <small>(incl. CRO-3500)</small> <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name				a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose			
		Campaign Account			
c. Phone Number	d. Email Address	c. Account Code	d. Type		
<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.					
Donna Lutz-Carpenter				6/14/2016	
Printed Name of Signer		Signature of Appointed Treasurer		Date	





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

Kim Westbrook Strach  
Executive Director

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

**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.**

**FILED BY:**

Committee Name: Teachers for Teachers Elect Donna  
 Treasurer Name: Donna Lutz-Carpenter  
 Treasurer Address: 2464 Balls Creek Rd  
 (include city, state, & zip) Newton NC 28658  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 828-465-285

Check One:

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 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.

06/14/2016

Date Signed

*Donna Lutz-Carpenter*  
Signature

**Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.**



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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 eight allowable methods outlined in 163-278.16B(a).

Candidate Name: Donna Lutz-Carpenter

Committee Name: Teachers for Teachers Elect Donna

Treasurer Name: Donna Lutz-Carpenter

If Candidate is own treasurer, designate an agent to carry out designations: Michael Carpenter

Committee ID #: BDUK54

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

I, Donna Lutz-Carpenter hereby direct that in the event of my  
(Name of Candidate)

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).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Back Packs for kids at</u>	<u>100%</u>
2. <u>Mt Anderson</u>	_____
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: 06/14/2016

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