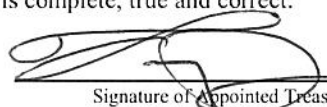


Statement of Organization - Candidate Committee

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).

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

1. Committee Information					
a. Full Name Geniey Yang for County Commissioner			c. ID Number		
b. Mailing Address (include City, State and Zip Code) PO Box 24 Claremont, NC 28610			d. Date Organized 2/20/2018		
			e. Phone Number (907) 612-0989		
2. Candidate Information <input checked="" type="checkbox"/> Candidate's Primary Committee					
a. Full Name Geniey Paj Zuag Yang		e. Candidate ID Number		f. Party Affiliation DEM <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code) PO Box 24 Claremont, NC 28610		g. Office Sought Board of Commissioners			
c. Phone Number (907) 612-0989	d. Email Address electgenieyyang@gmail.com	h. Next Election Year 2018		i. Jurisdiction County	
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name Timothy Peoples			a. Full Name N/A		
b. Mailing Address (include City, State, and Zip Code) 8909 Elkins Park Dr Matthews, NC 28105			b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number 412-330-9403	d. Email Address timothy.peoples18@gmail.com		c. Phone Number	d. Email Address	
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Email copy of notices		
5. Assistant Treasurer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			6. Account Information (incl. CRO-3500) <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name N/A			a. Financial Institution Full Name State Employees Credit Union		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose Campaign Account		
c. Phone Number	d. Email Address		c. Account Code GY18	d. Type Checking	
<input type="checkbox"/> Email copy of notices					
CERTIFICATION					
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.					
Geniey Yang Printed Name of Signer		 Signature of Appointed Treasurer		2-20-18 Date	



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Candidate Name: Geniey Paj Zuag Yang

Treasurer Name: Timothy Peoples

Treasurer Address: 8909 Elkins Park Dr

(include city, state, & zip) Matthews, NC 28105

Treasurer Phone: 412-330-9403

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

2/20/18

Date Signed

Geniey Yang

Signature



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

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: Geniey Paj Zuag Yang

Committee Name: Geniey Yang for County Commissioner

Treasurer Name: Timothy Peoples

If Candidate is own treasurer, designate an agent to carry out designation N/A

Committee ID#: _____

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

I, Geniey Paj Zuag Yang 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> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Carolina Climbers Coalition</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: Geniey Yang

Date: 2/20/18