

FURBY COUNTY
BOARD OF ELECTIONS



2014 JAN 22 PM 12:17

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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 Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name:

LORI GOINS CLARK

Treasurer Name:

MONICA J. JONES

Treasurer Address:

1830 DANWICK RD

(include city, state, & zip)

WINSTON-SALEM NC 27127

Treasurer Phone:

336-970-0691

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).

1-22-14
Date Signed

Signature of Candidate

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

FORSYTH COUNTY
BOARD OF ELECTIONS

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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: LORI GOINS CLARK
Committee Name: CLARK FOR SCHOOL BOARD 2014
Treasurer Name: MONICA J. JONES
If Candidate is own treasurer, designate an agent to carry out designations: _____
Committee ID #: _____
Level Registered: [State] [County] If county, specify: Forsyth

I, Lori G. 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. A Date Clark	70%
2. <u>Return to contributors</u>	<u>per Treasurer's discretion</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: Lori Clark
Date: 1-22-2014

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