

# COPY

## Statement of Organization - Candidate Committee

Amendment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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	
<del>(Donald L. Martin, Jr.)</del> - Committee to Elect <sup>Don</sup> Martin					
b. Mailing Address (include City, State and Zip Code)				d. Date Organized	
6307 Tobaccoville Rd. Tobaccoville, NC 27050				2/7/14	
				e. Phone Number	
				336-996-8899	
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name			e. Candidate ID Number	f. Party Affiliation	
Donald L. Martin, Jr			UCQ B88	Republican	
			(Indicate Non-partisan if applicable)		
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
6307 Tobaccoville Rd / Tobaccoville NC 27050			County Commissioner District B		
c. Phone Number	d. Email Address		h. Next Election Year	i. Jurisdiction	
336-924-2506	tannery5@aol.com		2014	Forsyth 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		
Glenda Head			Glenda Head		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
805 Halton Bridge Ct. Kernersville, NC 27284			805 Halton Bridge Ct. Kernersville, NC 27284		
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address	
336-996-8899	ghead@hotmail.com		336-996-8899	ghead5210@hotmail.com	
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
<b>5. Assistant Treasurer Information</b>			<b>6. Account Information (incl. CRO-3500)</b>		
a. Full Name			a. Financial Institution Full Name	b. Purpose	
Glenda Head			Branch Bank & Trust	Election Campaign	
b. Mailing Address (include City, State, and Zip Code)			c. Account Code	d. Type	
805 Halton Bridge Ct. Kernersville, NC 27284			DM2014	checking	
c. Phone Number	d. Email Address				
336-996-8899	ghead5210@hotmail.com				
<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.					
Glenda C. Head		Glenda C Head		2-12-14	
Printed Name of Signer		Signature of Appointed Treasurer		Date	



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ELECTORAL INTEGRITY  
AND COLLECTIONS

2014 FEB 12 AM 8:58

RECEIVED

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: Donald L. Martin, Jr.  
Treasurer Name: Glenda Head  
Treasurer Address: 805 Halton Bridge Ct.  
(include city, state, & zip) Kennersville, NC 27284  
  
Treasurer Phone: 336-996-8899

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).

2/10/14  
Date Signed

Donald L. Martin, Jr.  
Signature of Candidate

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



FORSYTH COUNTY  
PART 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: Donald L. Martin, Jr

Committee Name: Committee to elect Don Martin

Treasurer Name: Glenda Head

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

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

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

I, Donald L. Martin, Jr., 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>United Way of Forsyth County</u>	<u>50%</u>
2. <u>Winston-Salem / Forsyth Co. Schools</u>	<u>50%</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: Donald L. Martin, Jr.

Date: 2/10/14

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