

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> 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.

1. Committee Information			
a. Name of Committee		d. ID Number	
Campaign to Elect Michael Woods Attorney of Elon		241-19-5589	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
4120 Ralston DR		07/13/2023	
c. Committee Website (Optional)		f. Phone Number	
		919-717-9078	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Michael Woods		Democratic	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
4120 Ralston DR			
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919-717-9078	MichaelBwoods09@gmail.com		
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Michael Woods			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
4120 Ralston DR			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-717-9078	MichaelBwoods09@gmail.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
Michael Woods		Truiant	
b. Mailing Address (include City, State, and Zip Code)			
4120 Ralston DR		Mebane	
c. Phone Number	d. Email Address	b. Account Code	c. Type
<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>Michael Woods</u> Printed Name of Treasurer</p>		<p><u>Michael Woods</u> Signature of Appointed Treasurer</p>	
		<p><u>07/13/23</u> 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>Michael Woods</u> Printed Name of Candidate</p>		<p><u>Michael Woods</u> Signature of Candidate</p>	
		<p><u>07/13/23</u> Date</p>	



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form.

FILED BY:

Committee Name: Committee to Elect Michael Woods Alderman of Elen
 Treasurer Name: Michael Woods
 Treasurer Address: 4120 Ralston Dr
 (include city, state, & zip) Elen, NC 27244
 Treasurer Phone: 919-717-9078

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. **Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on reports.** If an account number is used as the "account code," confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
checking	Truist		400057623428	

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

07/14/23
Date Signed

Michael Woods
Signature of Candidate or Treasurer

For Candidate Committees Only

In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

By signing this statement, I authorize agents of the State Board of Elections to inspect applicable accounts.

07/13/23
Date Signed

Michael Woods
Signature of Candidate or Treasurer



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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.

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

FILED BY:

Committee Name:

Committee to Elect Michael Woods Alderman of Elon

Treasurer Name:

Michael Woods

Treasurer Address:

4120 Ralston Dr

(include city, state, & zip)

Elon, NC 27204

Treasurer Phone:

919-717-9078

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 at or 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.

07/13/23

Date Signed

Michael Woods

Signature



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: Michael Woods

Committee Name: Committee to elect Michael Woods Attorney at Law

Treasurer Name: Michael Woods

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

Committee ID #: _____

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

I, Michael Woods, hereby direct that in the event of my 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 <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>American Chinese Society</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: Michael Woods

Date: 07/13/2023