



NORTH CAROLINA

STATE BOARD OF ELECTIONS

RECEIVED

APR 27 2023

ALAMANCE COUNTY
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: Quinn Ray

Committee Name: Friends of Quinn Ray

Treasurer Name: Jeremy Teetor

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

Committee ID #: 1492

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

I, Quinn Ray, 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> <i>(Select from §163-278.16B(a))</i>	<u>Plan for Disbursement (eg. Amount or %)</u>
1.	<u>Town of Elon</u>	<u>50%</u>
2.	<u>ABSS</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: 

Date: 4/27/23

Statement of Organization - Candidate Committee

RECEIVED Is this statement:
 New Amended

Use this form to create a new or update an existing candidate committee. **APR 27 2023**
 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 Friends of Quinn Ray	d. ID Number 1492
b. Mailing Address (include City, State and Zip Code) 402 Westgate Dr. Elon, NC 27244	e. Date Organized 04/27/2023
c. Committee Website (Optional)	f. Phone Number 336.639.4194

2. Candidate Information			
a. Full Name Quinn Ray		e. Party Affiliation Democrat	
b. Mailing Address (include City, State, and Zip Code) 402 Westgate Dr. Elon, NC		f. Office Sought Elon Town Council	
c. Phone Number 336.639.4194	d. Email Address quinnrayforelon@gmail.com	g. Next Election Year 2023	h. Jurisdiction
<input checked="" type="checkbox"/> Email copy of report notices YES			

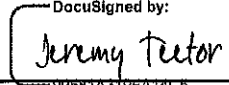
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Jeremy Teetor		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 1805 Betry Pl. Raleigh, NC 27603		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number 336.380.6553	d. Email Address Jeremyteetor@gmail.com	c. Phone Number	d. Email Address

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 Jeremy Teetor		a. Financial Institution Full Name Fidelity Bank	
b. Mailing Address (include City, State, and Zip Code) 1805 Betry Pl. Raleigh, NC 27603			
c. Phone Number 336.380.6553	d. Email Address Jeremyteetor@gmail.com	b. Account Code	c. Type Checking
<input checked="" type="checkbox"/> Email copy of report notices			

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.

Jeremy Teetor

 Printed Name of Treasurer

DocuSigned by:


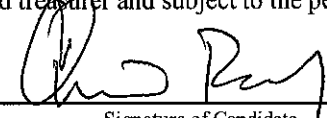
 Signature of Appointed Treasurer

4/27/2023

 Date

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.
 Quinn Ray

 Printed Name of Candidate



 Signature of Candidate

4/27/23

 Date

Disclosure Report Cover

Amendment
 Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
 Do not use this form to update information

1. Committee Information	
a. Full Name Friends of Quinn Ray	c. ID Number
b. Mailing Address (include City, State and Zip Code) 402 Westgate Dr. Elon, NC 27244	d. Date Filed 4/27/2023
RECEIVED APR 27 2023 ALAMANCE COUNTY BOARD OF ELECTIONS	
c. Phone Number 336.639.4194	

2. Report Year 2023	3. Period Start Date (mm/dd/yy) 4/27/23	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name Jeremy Teetor
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name Fidelity Bank		a. Financial Institution Full Name	
b. Purpose Campaign Account for receipts and expenditures	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 25.00		d. Period Begin Balance \$

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 and that I have been trained by the NC State Board of Elections.

Quinn RAY Printed Name of Signer
 [Signature] Signature of Appointed Treasurer
 4/27/23 Date

FOR OFFICE USE ONLY

Date Received: <u>4/27/23</u>	Employee: <u>[Signature]</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: <u>4/27/23</u>	Employee: <u>[Signature]</u>	
Date Data Entered: _____	Employee: _____	

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
 You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Friends of Quinn Ray					
Start of Election Cycle: January 1,		2023		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 25.00 0		\$ 25.00	
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)	\$	\$	
6) Contributions from Individuals		(CRO-1210)	\$ 25.00	\$ 25.00	
7) Contributions from Political Party Committees		(CRO-1220)	\$	\$	
8) Contributions from Other Political Committees		(CRO-1230)	\$	\$	
9) Loan Proceeds		(CRO-1410)	\$	\$	
10) Refunds/Reimbursements To the Committee		(CRO-1240)	\$	\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts		(CRO-1250)	\$	\$	
11b) Contributions from Not-for-Profit Organizations		(CRO-1250)	\$	\$	
11c) Outside Sources of Income		(CRO-1250)	\$	\$	
11d) Legal Expense Fund – Other Sources		(CRO-1270)	\$	\$	
11 e) Exempt Purchase Price Sales		(CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)			\$ 25.00	\$ 25.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)	\$	\$	
13b) Contributions to Candidates/Political Committees		(CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures		(CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures		(CRO-1315)	\$	\$	
15) Loan Repayments		(CRO-1420)	\$	\$	
16) Refunds/Reimbursements From the Committee		(CRO-1320)	\$	\$	
17) In-Kind Contributions		(CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 25.00	\$ 25.00	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		(CRO-1330)	\$	\$	
21) Outstanding Loans (incl. ones from other campaigns)		(CRO-1430)	\$	\$	
22) Debts and Obligations owed By the Committee		(CRO-1610)	\$	\$	
23) Debts and Obligations owed To the Committee		(CRO-1620)	\$	\$	
24) Account Transfers Within the Committee		(CRO-1720)	\$	\$	
25) Administrative Support		(CRO-1710)	\$	\$	
26) Forgiven Loans		(CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum		(CRO-2220)	\$	\$	
28) Contributions to be Refunded		(CRO-1215)	\$	\$	

Contributions from Individuals

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of Quinn Ray						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Quinn Ray 402 Westgate Dr Elon, NC 27244			Insurance Advisor			
			c. Employer's Name/Specific Field			
			J.A. Peterson		e. Election Sum to Date	
					\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		cash		4/26/2023	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 25.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 25.00	