

# Statement of Organization - Candidate Committee

Amendment

☐ Yes ☐ No

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).

## 1. Committee Information

a. Full Name	c. ID Number
Committee to Elect Laurie Venzon	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
1210 Samuel Spencer Pkwy Davidson, NC 28036	10/24/16
	e. Phone Number
	704-975-1615

## 2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Laurie A. Venzon		Republican
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought
1210 Samuel Spencer Pkwy Davidson, NC 28036		Mayor of Davidson
c. Phone Number	d. Email Address	h. Next Election Year
704-975-1615	laurievenzon@gmail.com	2017
<input checked="" type="checkbox"/> Email copy of notices		i. Jurisdiction
		Mecklenburg County

## 3. Treasurer Information

## 4. Custodian of Books Information

a. Full Name	a. Full Name		
Brenda W. Kolls			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
19219 Callaway Hills Ln Davidson, NC 28036			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-307-8584	brenda.kolls@gmail.com		

I prefer to receive notices by email ☒ Yes ☐ No ☐ Email copy of notices

## 5. Assistant Treasurer Information

☐ Add  
☐ Remove

a. Full Name
b. Mailing Address (include City, State, and Zip Code)
Mecklenburg County
NOV 01 2016

## 6. Account Information (incl. CRO-3500)

☐ Add  
☐ Remove

a. Financial Institution Full Name	b. Purpose
BB&T	checking acct to deposit donations and pay campaign expenses
c. Account Code	d. Type
LAV 2017	checking Account

☐ 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.

Brenda W. Kolls  
Printed Name of Signer

*BW Kolls*  
Signature of Appointed Treasurer

10/28/16  
Date



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

**Certification of Treasurer**

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

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

**FILED BY:**

Candidate Name:

Laurie A. Venzon

Treasurer Name:

Brenda Kolls

Treasurer Address:

19219 Callaway Hills Lane

(include city, state, & zip)

Davidson, NC 28036

Treasurer Phone:

704-307-8584

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).

10/24/16

Date Signed

Laurie A. Venzon

Signature of Candidate



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441 N Harrington Street  
Raleigh, NC 27603

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PO Box 27255  
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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).

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

Candidate Name: Laurie A Venzon

Committee Name: Committee to Elect Laurie Venzon

Treasurer Name: Brenda Kolls

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

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

Level Registered: [State] [County] If county, specify: \_\_\_\_\_

I, Laurie A Venzon, 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>North Mecklenburg Republican Women</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: Laurie A Venzon

Date: 10/24/16