

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 <i>Angela Ambroise</i>	c. ID Number <i>82-4529587</i>
b. Mailing Address (include City, State and Zip Code) PO Box 34614 <i>PO Box 9041</i> <i>Charlotte, NC 28234 CHARLOTTE NC</i> <i>28294</i>	d. Date Organized <i>2/28/18</i>
	e. Phone Number <i>(704) 713-1975</i>

2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee
a. Full Name <i>Angela Ambroise</i>	c. Candidate ID Number <i>82-4514587</i>	f. Party Affiliation <i>DEM</i> <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) <i>1933 Pecan ST</i> <i>CHARLOTTE, NC 28205</i>	g. Office Sought <i>County Commissioner</i> <i>District 3</i>	
c. Phone Number <i>(704) 713-1975</i>	d. Email Address <i>ANGELA.AMBROISE7@gmail.com</i>	h. Next Election Year <i>2018</i>
<input type="checkbox"/> Email copy of notices		i. Jurisdiction <i>MECKLENBURG</i>

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name <i>Mark John Lynch</i>	d. Email Address <i>mark.lynch44@gmail.com</i>	a. Full Name <i>Mark John Lynch</i>	d. Email Address <i>mark.lynch44@gmail.com</i>
b. Mailing Address (include City, State, and Zip Code) <i>1021 Harrill St, Charlotte, NC 28205</i>		b. Mailing Address (include City, State, and Zip Code) <i>1021 Harrill St.</i> <i>Charlotte, NC</i>	
c. Phone Number <i>(704) 345-5655</i>		c. Phone Number <i>(704) 345-5655</i>	

I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name <i>FIFTH THIRD</i>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code) <i>Mecklenburg County</i>		b. Purpose <i>CAMPAIGN FUNDS & EXPENSES</i>	
c. Phone Number	d. Email Address <i>MAR 09 2018</i>	c. Account Code <i>343</i>	d. Type <i>POLITICAL</i>
	<i>Board of Elections</i>		
<input type="checkbox"/> 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.

MARK J. LYNCH *[Signature]* *MD 03/07/2018*
 Printed Name of Signer Signature of Appointed Treasurer Date
3/09/2018



North Carolina
 State Board of Elections
 441 N Harrington Street
 Raleigh, NC 27603

Mecklenburg County

MAR 09 2018

Board of Elections

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: Angela Ambroise

Treasurer Name: Mark J. Lynch

Treasurer Address: 1021 Harrill St, Charlotte, NC 28205

(include city, state, & zip)

Treasurer Phone: (704) 345-5655

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).

02/28/2018
 Date Signed

Angela L. Ambroise
 Signature of Candidate



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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: Angela Ambroise

Committee Name: THE COMMITTEE TO ELECT Friends of Angela Ambroise

Treasurer Name: Mark Lynch

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

Committee ID #: _____

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

I, Angela Ambroise, 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>Boys and Girls Club of Charlotte</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: Angela Ambroise

Date: 2/28/18