

FEB 10 2017

Amendment  
 Yes  No

**Statement of Organization - Candidate Committee**

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	
KIM RONEY FOR ASHEVILLE			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
30 WEST GATE PKWY, #149 ASHEVILLE NC 28806		2/6/17	
		e. Phone Number	
		828-450-1099	
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
KIMBERLY A. RONEY			
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
30 WESTGATE PKWY #149, 28806		CITY COUNCIL	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
828-450-1099	kimronyforasheville@gmail.com		
<input checked="" type="checkbox"/> Email copy of notices			
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
KIM RONEY		GENENE CURRY ACCOUNTING, LLC	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
30 WEST GATE PKWY, #149 ASHEVILLE NC 28806		PO Box 17456 ASHEVILLE NC 28816	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828 450 1099	kimronyforasheville@gmail.com	(404) 932-4811	
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
		SELF-HELP CREDIT UNION	
b. Mailing Address (include City, State, and Zip Code)		c. Account Code	
		CHECKING	
c. Phone Number	d. Email Address	d. Type	
<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.			
Kimberly Roney			2/6/17
Printed Name of Signer		Signature of Appointed Treasurer	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:

Kimberly Boney

Treasurer Name:

Kimberly Boney

Treasurer Address:

30 WESGATE PKWY, #149

(include city, state, & zip)

ASHEVILLE NC 28806

Treasurer Phone:

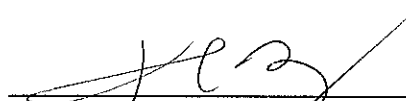
(828) 430-1099

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).

2/6/17

Date Signed

  
Signature of Candidate

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State Board of Elections  
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Executive Director

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**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: Kim Boney For Asheville  
 Treasurer Name: Kim Boney  
 Treasurer Address: 30 Westgate Pkwy #149  
 (include city, state, & zip) Asheville NC 28806  
 Treasurer Phone: (828) 450-1099

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	SELF-HELP UNION	291 S. FRENCH BROAD AVE ASHEVILLE NC 28801		

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

2/6/17  
Date Signed

[Signature]  
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.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Candidate or Treasurer

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State Board of Elections  
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Raleigh, NC 27603

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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: Kim RONEY

Committee Name: Kim RONEY FOR ASHEVILLE

Treasurer Name: Kim RONEY

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

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

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

I, Kim RONEY, 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> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. _____	_____
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: [Signature]

Date: 2/6/17