

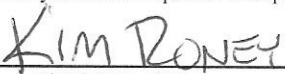

NOV 18 2019

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).

1. Committee Information					
a. Full Name			c. ID Number		
Kim RONEY FOR COUNCIL					
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
293 WESTWOOD PL ASHEVILLE NC 28806					
			e. Phone Number		
2. Candidate Information				<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		e. Candidate ID Number	f. Party Affiliation		
Kim RONEY					
					(Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
293 WESTWOOD PL		CITY COUNCIL			
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction		
	kimroneyforashville@gmail.com	2020			
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
Kimille Miller					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
12 BATTLE RD ASHEVILLE NC 28803					
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
(828) 230-1710	kimille.miller@gmail.com				
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		<input type="checkbox"/> Add	6. Account Information (incl. CRO-3500)		<input type="checkbox"/> Add
a. Full Name		<input type="checkbox"/> Remove	a. Financial Institution Full Name		<input type="checkbox"/> Remove
			SELF - HELP CREDIT UNION		
b. Mailing Address (include City, State, and Zip Code)		b. Purpose			
c. Phone Number	d. Email Address	c. Account Code	d. Type		
<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.					
 Printed Name of Signer		 Signature of Appointed Treasurer		11/18/19 Date	



# NORTH CAROLINA STATE BOARD OF ELECTIONS

## 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:

Kim Roney

Treasurer Name:

Kimille Miller

Treasurer Address:

12 BATTLE RD

(include city, state, & zip)

ASHEVILLE NC 28803

Treasurer Phone:

(828) 230-1790

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).

11/13/19

Date Signed

[Signature]

Signature of Candidate



# 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: Kim Roney

Committee Name: Kim Roney For Council

Treasurer Name: Kimille Miller

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

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

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

I, \_\_\_\_\_, 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 <i>(Select from §163-278.16B(a))</i>	Plan for Disbursement (eg. Amount or %)
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: \_\_\_\_\_

Date: \_\_\_\_\_