

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Amended

Use this form to create a new or update an existing candidate committee.
 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	d. ID Number
Carolyn Highsmith for City Council - South Ward	6CQ74W
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
3335 Anderson Drive, Winston-Salem, NC 27127-5101	12/21/2023
c. Committee Website (Optional)	f. Phone Number
Facebook Page - https://www.facebook.com/carolynforsouthward	336-788-9461

2. Candidate Information			
a. Full Name	e. Party Affiliation		
Carolyn Anita Highsmith	Democratic		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
3335 Anderson Drive Winston-Salem, NC 27127-5101	City Council - South Ward		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-788-9461	highsmith4citycouncil@outlook.com	2024	City of Winston-Salem Forsyth Co, NC
<input checked="" type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name	b. Mailing Address (include City, State, and Zip Code)	a. Full Name	b. Mailing Address (include City, State and Zip Code)
Carolyn Anita Highsmith	3335 Anderson Dr, Winston-Salem, NC 27127-5101	N/A	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-788-9461	carolyn-highsmith@outlook.com		
<input checked="" type="checkbox"/> 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	b. Mailing Address (include City, State, and Zip Code)	a. Financial Institution Full Name	b. Account Code
Carolyn Anita Highsmith	3335 Anderson Drive Winston-Salem, NC 27127-5101	Truicant Federal Credit Union	CAH 2024
c. Phone Number	d. Email Address	c. Type	
336-788-9461	carolyn-highsmith@outlook.com	Campaign Checking Account	
<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.

Carolyn A. Highsmith Carolyn G. Highsmith 12/21/2023
 Printed Name of Treasurer Signature of Appointed Treasurer 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.

Carolyn A. Highsmith Carolyn G. Highsmith 12/21/2023
 Printed Name of Candidate Signature of Candidate Date



NORTH CAROLINA STATE BOARD OF ELECTIONS

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

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

FILED BY:

Committee Name:

Carolyn Highsmith for City Council - Ward 4 South

Treasurer Name:

Carolyn A. Highsmith

Treasurer Address:

3335 Anderson Drive

(include city, state, & zip)

Winston-Salem, NC 27127-5101

Treasurer Phone:

336-788-9461

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

Dec. 21, 2023
Date Signed

Carolyn A. Highsmith
Signature

2023 DEC 21 PM 1:11:10



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: Carolyn Anita Highsmith
 Committee Name: Carolyn Highsmith for City Council - South Ward
 Treasurer Name: Carolyn A. Highsmith
 If Candidate is own treasurer, designate an agent to carry out designations: Joan H. Bridges
 Committee ID #: 6CQ74W
 Level Registered: [State] [County] If county, specify: Forsyth County, NC

I, Carolyn A. Highsmith 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>Konnoak Community Freedom School</u> <u>3410 Healy Dr, Suite 101,</u> <u>Winston-Salem, NC 27103</u>	<u>100% after all Campaign</u> <u>expenses & debts paid</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: Carolyn A. Highsmith
 Date: Dec. 21, 2023