

Statement of Organization - Candidate Committee

Is this statement:



New



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

RANDY WOODEN FOR COUNCIL

d. ID Number

NCQLM8

b. Mailing Address (include City, State and Zip Code)

6095 CLAUDIAS LANE, APT 101, WINSTON SALEM, NC 27103

e. Date Organized

7-10-23

c. Committee Website (Optional)

f. Phone Number

336-407-7306

2. Candidate Information

a. Full Name

ROBERT RANDOLPH WOODEN, JR.

e. Party Affiliation

b. Mailing Address (include City, State, and Zip Code)

6095 CLAUDIAS LANE, APT. 101
WINSTON-SALEM, NC 27103

f. Office Sought

CLEMMONS VILLAGE COUNCIL

c. Phone Number

336-407-7306

d. Email Address

RANDYWOODEN@GMAIL.COM

g. Next Election Year

2023

h. Jurisdiction

CLEMMONS

☐ Email copy of report notices

3. Treasurer Information

a. Full Name

ROBERT RANDOLPH WOODEN, JR.

b. Mailing Address (include City, State, and Zip Code)

6095 CLAUDIAS LANE, APT. 101
WINSTON-SALEM, NC 27103

c. Phone Number

336-407-7306

d. Email Address

RANDYWOODEN@GMAIL.COM

Send report notices by email ☐ Yes ☐ No

4. Assistant Treasurer Information

a. Full Name

b. Mailing Address (include City, State and Zip Code)

c. Phone Number

d. Email Address

☐ Email copy of report notices

5. Custodian of Books Information (Keeper of Records)

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

☐ Email copy of report notices

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name

TRUIST

2629 LEWISVILLE - CLEMMONS RD.
CLEMMONS, NC 27012

b. Account Code

RRW1

c. Type

CHECKING

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.

ROBERT R. WOODEN, JR.

Printed Name of Treasurer

Robert R. Wooden Jr.

Signature of Appointed Treasurer

7-10-23

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.

ROBERT R. WOODEN, JR.

Printed Name of Candidate

Robert R. Wooden Jr.

Signature of Candidate

7-10-23

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: RANDY WOODEN FOR COUNCIL
Treasurer Name: ROBERT RANDOLPH WOODEN, JR. (RANDY)
Treasurer Address: 6095 CLAUDIAS LANE, APT. 101
(include city, state, & zip) WINSTON-SALEM, NC 27103

Treasurer Phone: 336-407-7306

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.

7-10-2023

Date Signed

Robert R. Wooden
Signature



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).

Candidate Name: ROBERT RANDOLPH WOODEN, JR.

Committee Name: RANDY WOODEN FOR COUNCIL

Treasurer Name: ROBERT R. WOODEN, JR.

If Candidate is own treasurer, designate an agent to carry out designations: MATTHEW WOODEN
Committee ID #: OCQIM8 -SON

Committee ID #: QCQLM8

Level Registered: [State] [County] If county, specify: NC, FORSYTH COUNTY

I, ROBERT R. WOODEN, JR., 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. [REDACTED]
25-10-21

THE MATTER OF THE

2. RETURN TO DONORS

100%

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:

Robert R. Wooden Jr.
7-10-2023

Date:

7-10-2023

CRO-3900

Candidate Designation of Committee Funds

FORSTYRNINGUTY
BOFAR
2023 JUL 13 PM 1:40
RECEIVED
Committee
N.C.