



Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" 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	
Paula McCoy 4 NEW		1	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
361 Ivy Park Lane, Winston Salem, NC 27104		11/02/2023	
c. Committee Website (Optional)		f. Phone Number	
paulamccoy4new@gmail.com		336-757-2286	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Paula Joan McCoy		Democratic	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
4636 Old Baux Mountain Road Winston Salem, NC 27105		City Council Northeast Ward	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-575-6099	paul4new@gmail.com	2024	Northeast Ward
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Jennifer Casey			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
361 Ivy Park Lane, Winston Salem, NC 27104			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-813-3214	jc829168@gmail.com		
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		a. Financial Institution Full Name	
		Truliant Federal Credit Union	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		PM4N2024	Savings
<input type="checkbox"/> Email copy of report notices			
<p>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.</p>			
Jennifer Casey _____ Printed Name of Treasurer		 _____ Signature of Appointed Treasurer	
		01/22/2024 _____ Date	
<p>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.</p>			
Paula McCoy _____ Printed Name of Candidate		 _____ Signature of Candidate	
		01/22/2024 _____ Date	

Amended