

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	d. ID Number		
Campaign to Elect Donald Dunn			
b. Mailing Address (include City, State and Zip Code)	e. Date Organized		
1330 Waughtawn St W/S NC 27107 12/28/2025			
c. Committee Website (Optional)	f. Phone Number		
336 345 6494			

2. Candidate Information

a. Full Name	e. Party Affiliation		
Donald K. Dunn Dem			
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
8580 Brook Meadow Ct 27016 NC 27023 WS/CS Board			
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336 345 6494	1250dunn@gmail.com	2026	At Large
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information

a. Full Name	4. Assistant Treasurer Information		
Mahdia Marilyn Assaf Cason			
b. Mailing Address (include City, State, and Zip Code)	a. Full Name		
2108 Tancy Ct	BRENTWOOD		
WS NC 27106	DEC 29 2025		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336 338 5200	marilyncason7@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)

a. Full Name	6. Account Information (incl. CRO-3500)		
H. Hess			
b. Mailing Address (include City, State, and Zip Code)	a. Financial Institution Full Name		
	25		
c. Phone Number	d. Email Address	b. Account Code	c. Type
		720	Checking
<input 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.

Mahdia Marilyn Assaf Cason Mahdia Marilyn Assaf Cason 12/28/25
 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.

Donald K. Dunn Donald K. Dunn 12/28/25
 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:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

*Campaign to Elect Donald Durk
Mahdia Manly Assaf Cason
2108 Taney Court
Winston-Salem, NC 27106*

REC
2025 DEC 20 11:49:25
FBI - WILMINGTON
2025 DEC 20 11:49:25
FBI - WILMINGTON

Treasurer Phone:

336 338 5200

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.

12/28/25
Date Signed

Mahdia Manly Assaf Cason
Signature



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: Donald Dunn

Committee Name: Campaign to Elect Donald Dunn

Treasurer Name: Mahdia Marilyn Assaf CASCN

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

Committee ID #: _____

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

I, Donald Dunn, 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> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Yoursyth Educate Partnership/100%</u>	_____
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: Mahdia K. Dunn

Date: 12/28/2025

CRO-3900