

# 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
Elisabeth Motsinger for school board	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
6548 Woodmere Dr Walkertown NC 27051	12/30/25
c. Committee Website (Optional)	f. Phone Number
	336 972 6257

## 2. Candidate Information

a. Full Name	e. Party Affiliation
Elisabeth Motsinger	Democrat
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
6548 Woodmere Dr Walkertown NC 27051	WSFC Board of Education At large
c. Phone Number	d. Email Address
336 972 6257	elisabeth.motsinger@gmail.com
<input checked="" type="checkbox"/> Email copy of report notices	

## 3. Treasurer Information

a. Full Name	4. Assistant Treasurer Information			
Elisabeth Motsinger	a. Full Name			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)	RECEIVED 2025 DEC 31 PM 3:08		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address	
<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		

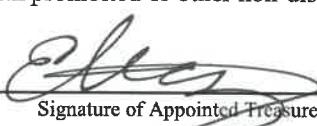
## 5. Custodian of Books Information (Keeper of Records)

a. Full Name	6. Account Information (incl. CRO-3500)			
Elisabeth Motsinger	a. Financial Institution Full Name	Truliant		
b. Mailing Address (include City, State, and Zip Code)	b. Account Code	c. Type		
c. Phone Number	d. Email Address			
<input type="checkbox"/> Email copy of report notices		1234	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.

Elisabeth Motsinger

Printed Name of Treasurer



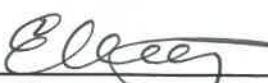
12/30/25

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.

Elisabeth Motsinger

Printed Name of Candidate



12/30/25

Date



# NORTH CAROLINA

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## 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: Elisabeth Motsinger for school board  
Treasurer Name: Elisabeth Motsinger  
Treasurer Address: 6548 Woodmene Dr  
(include city, state, & zip) Walkertown NC 27051

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FORSYTH COUNTY  
BOARD OF ELECTIONS

Treasurer Phone: 336 972 6257

#### 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.

12/30/25

Date Signed

  
Signature



# NORTH CAROLINA

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## 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: Elisabeth Motsinger

Committee Name: Elisabeth Motsinger for school board

Treasurer Name: Elisabeth Motsinger

If Candidate is own treasurer, designate an agent to carry out designations: John Motsinger Jr

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

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

I, Elisabeth Motsinger (Name of Candidate) 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).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>WSFC Schools</u>	<u>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: Elen Cleary

Date: 12/31/25