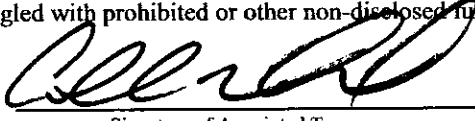



Statement of Organization - Candidate Committee

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	
Beth Tanner for Judge		STA-UK5F24-C-001	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO Box 97275		5/23/2019	
c. Committee Website (Optional)		f. Phone Number	
http://bethtannerforjudge.com/		9193781358	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Donna Elizabeth "Beth" Tanner		REP	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO Box 97275 Raleigh, NC 27624		District Court Judge	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
9193781358	beth@bethtannerforjudge.com	2022	19D
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Collin McMichael			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
PO Box 97275 Raleigh, NC 27624			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
9198891817	BTJ@cmandco.com		
Send report notices by email <input 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	
Collin McMichael		Truist Bank	
b. Mailing Address (include City, State, and Zip Code)			
PO Box 97275 Raleigh, NC 27624			
c. Phone Number	d. Email Address	b. Account Code	c. Type
9198891817	BTJ@cmandco.com	01	Checking
<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> <p>Collin McMichael  2/9/2022</p> <p>Printed Name of Treasurer Signature of Appointed Treasurer Date</p> <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> <p>Beth Tanner  2/9/2022</p> <p>Printed Name of Candidate Signature of Candidate Date</p>			

sc102/22/2022 JB

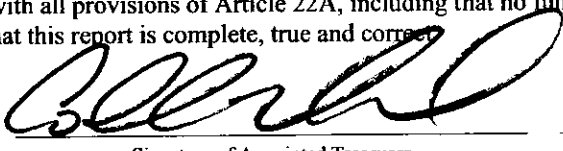
Statement of Organization Addendum

Use this form to supply additional assistant treasurer information or additional account information
 This form must be accompanied by form CRO-3500 if additional accounts are being reported

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Beth Tanner for Judge		STA-UK5F24-C-001	
3. Assistant Treasurer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		4. Account Information (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
		Truist Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Checking	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		02	Checking
3. Assistant Treasurer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		4. Account Information (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
3. Assistant Treasurer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		4. Account Information (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
3. Assistant Treasurer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		4. Account Information (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type

CERTIFICATION

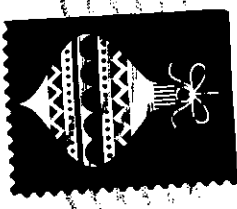
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

Collin McMichael  2/9/2022

Printed Name of Signer Signature of Appointed Treasurer Date

PO Box 97275
Raleigh, NC 27624

RECEIVED
Research Triangle Foundation
27 FEB 2002 PM 4 L



North Carolina State Board of Elections
Campaign Finance Reporting
PO Box 27255
Raleigh, NC 27611-7255

27611-725555

