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

RECEIVED
FEB 22 2022
CAMPAIGN FINANCE OFFICE
STATE BOARD OF ELECTIONS

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

☐ Email copy of report notices

3. Treasurer Information

a. Full Name	
Collin McMichael	
b. Mailing Address (include City, State, and Zip Code)	
PO Box 97275 Raleigh, NC 27624	
c. Phone Number / **d. Email Address**	
9198891817 / BTJ@cmandco.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	
Collin McMichael	
b. Mailing Address (include City, State, and Zip Code)	
PO Box 97275 Raleigh, NC 27624	
c. Phone Number / **d. Email Address**	
9198891817 / BTJ@cmandco.com	

☐ Email copy of report notices

6. Account Information *(Incl. CRO-3506)*

a. Financial Institution Full Name	
Truist Bank	
b. Account Code	**c. Type**
01	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.

Collin McMichael		2/9/2022
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.

Beth Tanner		2/9/2022
Printed Name of Candidate	Signature of Candidate	Date

sc:02/22/2022 IB

Statement of Organization Addendum

Amendment ☐ Yes ☒ No

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 ☐ Add ☐ Remove

a. Full Name

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

c. Phone Number | d. Email Address

4. Account Information *(incl. CRO-3500)* ☐ Add ☐ Remove

a. Financial Institution Full Name: Truist Bank

b. Purpose: Checking

c. Account Code: 02 | d. Type: Checking

3. Assistant Treasurer Information ☐ Add ☐ Remove

a. Full Name

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

c. Phone Number | d. Email Address

4. Account Information *(incl. CRO-3500)* ☐ Add ☐ Remove

a. Financial Institution Full Name

b. Purpose

c. Account Code | d. Type

3. Assistant Treasurer Information ☐ Add ☐ Remove

a. Full Name

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

c. Phone Number | d. Email Address

4. Account Information *(incl. CRO-3500)* ☐ Add ☐ Remove

a. Financial Institution Full Name

b. Purpose

c. Account Code | d. Type

3. Assistant Treasurer Information ☐ Add ☐ Remove

a. Full Name

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

c. Phone Number | d. Email Address

4. Account Information *(incl. CRO-3500)* ☐ Add ☐ Remove

a. Financial Institution Full Name

b. Purpose

c. Account Code | d. Type

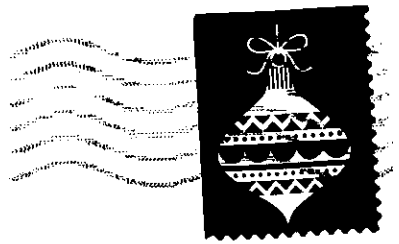
CERTIFICATION

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

Research Triangle Region
17 FEB 2022 PM 4 L



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

27611-725555