

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).

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This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.		
Candidate Name: Holder Sides		
Committee Name: Holder for 1	Lannapolis	
Treasurer Name: John Sides)	
If Candidate is own treasurer, designate an agent to carry out designations: Leshic Sandidge		
Committee ID #:		
Level Registered: [State] [County] If county, specify:		
I, Mame 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).		
Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. A	mount or %)
1. PFlag Concord Karnapolis	3370	RECEIVED IN-PERSON
2. Kowen County Animal Shelter	3390	APR 2 1 2023
3. Rowa County Democratic Party	3370	CABARRUS COUNTY BOARD OF ELECTIONS
By signing this form, I certify that the foregoing ent Gen. Statute 163-278.16B(a). A copy of this form s records.		
Signature of Candidate:		
Date: 4/20/2022	3	