



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: Ingrid Faye Nurse
Committee Name: Committee to Elect Ingrid Nurse
Treasurer Name: Ingrid Faye Nurse
If Candidate is own treasurer, designate an agent to carry out designations: 0
Committee ID#: _____
Level Registered: [State] [County] If county, specify: Cabarrus

I, Ingrid Faye Nurse (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).

Name of Entity <i>(Select from §163-278.16B(a))</i>	Plan for Disbursement (eg. Amount or %)
1. <u>Down Home North Carolina</u>	<u>50%</u>
2. <u>Cabarrys County Habitat for Humanity</u>	<u>50%</u>
3. _____	_____

RECEIVED
IN-PERSON
DEC 14 2023
CABARRUS COUNTY
BOARD OF ELECTIONS

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: [Handwritten Signature]
Date: 12/14/2023