

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:	Mishell Williams
Committee Name:	Committee to Elect Mishell Williams
Treasurer Name:	Amanda Pearl
If Candidate is own treas	urer, designate an agent to carry out designations: N/A
Committee ID#:	
Level Registered:	[State] [County] If county, specify: Cabarrus
I, Mishell Williams hereby direct that in the event of my death or incapacity al (Name of Candidate) 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).	
(Select fi	Plan for Disbursement (eg. Amount or %) Plan for Disbursement (eg. Amount or %)
2.	J WY ENSON
3.	DEC 1 8 2023
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: Date:	Mohell Williams 12/12/23