

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> 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	
VOTE FOR VALERIE			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
455 CAROLINA CIRCLE WS, NC 27104		12/09/2023	
c. Committee Website (Optional)		f. Phone Number	
		336 624 5115	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
VALERIE LEECEUR BROCKENBROUGH		DEMOCRATE	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
455 CAROLINA CIRCLE WINSTON SALEM, NC 27104		COUNTY COMMISSIONER B.	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336 624 5115	NOTEFORVALERIE@GMAIL.COM		
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
JULIE HOJNACKI		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
139 Pebble Ridge Ln Winston Salem NC 27104			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-972-4725	julie@j3accounting.com		
<input type="checkbox"/> 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	
Julie Hojnacki		TRUIST	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
139 Pebble Ridge Ln Winston Salem NC 27104		01	
c. Phone Number	d. Email Address	c. Type	
336-972-4725	julie@j3accounting.com	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><u>Julie Hojnacki</u> Printed Name of Treasurer</p>		<p><u>Julie Hojnacki</u> Signature of Appointed Treasurer</p>	
		<p><u>12/11/2023</u> 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><u>VALERIE BROCKENBROUGH</u> Printed Name of Candidate</p>		<p><u>[Signature]</u> Signature of Candidate</p>	
		<p><u>12/11/2023</u> Date</p>	



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: VALERIE BROCKENBROUGH

Committee Name: VOTE FOR VALERIE

Treasurer Name: Julie Hojnacki

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: _____

Level Registered: [State] [County] If county, specify: _____

I, VALERIE BROCKENBROUGH, hereby direct that in the event of my death or incapacity all
(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).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>FORSYTH COUNTY DEMOCRATIC PARTY</u>	<u>50%</u>
2. <u>GREEN NEST</u>	<u>50%</u>
3. _____	_____

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: [Signature]

Date: 12/11/23