

# 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<br>RICHARD WATTS for School Board                           | d. ID Number                    |
| b. Mailing Address (include City, State and Zip Code)<br>PO Box 1122 WS NC 27105 | e. Date Organized<br>11/13/2025 |
| c. Committee Website (Optional)                                                  | f. Phone Number<br>836-413-2239 |

## 2. Candidate Information

|                                                                                           |                                       |
|-------------------------------------------------------------------------------------------|---------------------------------------|
| a. Full Name<br>RICHARD KARE WATTS JR                                                     | e. Party Affiliation<br>Democrat      |
| b. Mailing Address (include City, State, and Zip Code)<br>5735 Beaver Rd FARMINGTON 27040 | f. Office Sought<br>WSFC SCHOOL BOARD |
| c. Phone Number<br>336-413-2239                                                           | g. Next Election Year<br>2026         |
| d. Email Address<br>RWATTS1906@gmail.com                                                  | h. Jurisdiction<br>AT - LARGE         |
| <input checked="" type="checkbox"/> Email copy of report notices                          |                                       |

## 3. Treasurer Information

|                                                                                               |
|-----------------------------------------------------------------------------------------------|
| a. Full Name<br>THOMASINE Malloy                                                              |
| b. Mailing Address (include City, State, and Zip Code)<br>7660 Jackson St RURAL HALL NC 27045 |
| c. Phone Number<br>336-682-3731                                                               |
| d. Email Address<br>thomasine.malloy53@gmail.com                                              |
| Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No         |

## 4. Assistant Treasurer Information

|                                                        |
|--------------------------------------------------------|
| a. Full Name                                           |
| b. Mailing Address (include City, State, and Zip Code) |
| c. Phone Number                                        |
| d. Email Address                                       |
| <input type="checkbox"/> Email copy of report notices  |

## 5. Custodian of Books Information (Keeper of Records)

|                                                        |
|--------------------------------------------------------|
| a. Full Name                                           |
| b. Mailing Address (include City, State, and Zip Code) |
| c. Phone Number                                        |
| d. Email Address                                       |
| <input type="checkbox"/> Email copy of report notices  |

## 6. Account Information (incl. CRO-3500)

|                                              |
|----------------------------------------------|
| a. Financial Institution Full Name<br>TRUIST |
| b. Account Code<br>DDA                       |
| c. Type<br>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.

T. Malloy  
Printed Name of Treasurer

Thomasine B Malloy  
Signature of Appointed Treasurer

11/20/2025  
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.

R. WATTS  
Printed Name of Candidate

Richard Watts  
Signature of Candidate

11/13/2025  
Date



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

#### FILED BY:

Committee Name:

RICHARD WATTS for SCHOOL BOARD

Treasurer Name:

THOMASINE MALLOY

Treasurer Address:

7660 JACKSON ST

(include city, state, & zip)

RURAL HALL NC 27045

Treasurer Phone:

336-682-3731

Check One:

☐ I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

☒ I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

11/13/2025

Date Signed

Rick Watts

Signature



# 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:

RICHARD WATTS

Committee Name:

RICHARD WATTS for School Board

Treasurer Name:

THOMASINE Malloy

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

Committee ID #:

Level Registered: [State] ☒ [County] If county, specify: Forsyth

I, RICHARD WATTS, 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<br>(Select from §163-278.16B(a)) | Plan for Disbursement (eg. Amount or %) |
|-------------------------------------------------|-----------------------------------------|
| 1. Crosby Schools                               | 33.3                                    |
| 2. Rickards Chapel AME Church                   | 33.3                                    |
| 3. Winston-Salem Proprietary Academy            | 33.4                                    |

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:

Richard K. Watts

Date:

11/17/2025

RECEIVED  
2025 DEC - 2 AM 9:24  
FORSYTH COUNTY  
BOARD OF ELECTIONS