



# 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: MONIQUE HOLSEY-HYMAN

Committee Name: COMMITTEE TO ELECT DR. MONIQUE HOLSEY HYMAN FOR DURHAM CITY COUNC

Treasurer Name: MONIQUE HOLSEY-HYMAN

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

Committee ID #: 1908

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

I, DR. MONIQUE HOLSEY HYMAN, 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>DURHAM RESUCE MISSION</u>	<u>100%</u>
2. _____	_____
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: [Handwritten Signature]

Date: 8/11/23

IN PERSON

AUG 17 2023

DURHAM BOE