tatement of Organiza	tion					Page 1 of 2	
Name of Committee					7. 1	Date	
Committee to Elect Holbrook Clerk						2/28/02	
Address of Committee					8.1	8. ID Number	
1068 West Fourth Street					3	3828420	
City	4. State	5. Zip	6. Phone	9	Amendment		
Winston-Salem		NC	27101	L 748-88	87] Yes No	
		mplete the respective					
Type of Committee (Ch X 10. Candidate Committee	neck one ana co	<u>mpiele ine respective</u>		Candidate Co			
(If office sought is nonpartis	an, write "Nonp	partisan" in (d) Party		.)			
a. Name of Candidate	b.	Candidate ID Number	c. Office	d. Party	Affiliation	e. Dist/Cty/Mun	
Terry L. Holb	rook	3828420	Cler		blicar	1	
11. Joint Candidate Comm	L			y Candidate Co	ommittee		
a. If Fundraiser, Name of Event	HINT VI L'UNUI	b		er, Event Location			
c. Candidate Names	ld.	Candidate ID Number	e. Office	f. Party	Affiliation	g. Share of Profit	
C. ORINGUAGE LIGHTON						0,	
		·				9	
						9,	
						9	
				• <u> </u>			
12. Party Committee			b. Par				
National	State		Subordi	inate	<u> </u>		
13. General Political Com	mittee		<u></u>				
a. Category (Check one)				Manufacturing	, ⊺ 1т	rade	
Banking/Finance Conservative/Liber		iberal Health				g Utilities	
] Environment		L L		ι	Jtilities	
Building/Real Estate] Environment Get Out the Vo	Insurance		Minority Information T	🗌 L		
Building/Real Estate	Get Out the Vo	te Legal		Minority	🗌 L		
Building/Real Estate	Get Out the Vo the Party Plan of	Insurance te Legal Organization c. Def	inition of Ty	Minority Information T Other:	🗌 L		
Building/Real Estate Religious Political Party not part of b. Type (Check one) Parent Entity	Get Out the Vo	Insurance te Legal Organization c. Def	inition of Ty	Minority Information T Other:	🗌 L		
Building/Real Estate Religious Political Party not part of b. Type (Check one) Parent Entity Economic Interest	Get Out the Vo the Party Plan of	Insurance te Legal Organization c. Def	Inition of Ty	Minority Information T Other:	🗌 L		
Building/Real Estate Religious Political Party not part of b. Type (Check one) Parent Entity	Get Out the Vo the Party Plan of	Insurance te Legal Organization c. Def	Inition of Ty	Minority Information T Other:	🗌 L		
Building/Real Estate Religious Political Party not part of b. Type (Check one) Parent Entity Economic Interest	Get Out the Vo the Party Plan of	Insurance ote Legal Organization Purpose		_ Minority _ Information T _ Other: pe	🗌 L		
Building/Real Estate Religious Political Party not part of b. Type (Check one) Parent Entity Economic Interest d. Member Definition	Get Out the Vo the Party Plan of	Insurance te Legal Organization c. Def	Affiliated Co	Minority Information T Other: pe mmittee	🗌 L	munications	
Building/Real Estate Religious Political Party not part of b. Type (Check one) Parent Entity Economic Interest	Get Out the Vo the Party Plan of	Insurance organization Crganization C. Def Purpose Insurance C. Def C.	Affiliated Co	Minority Information T Other: pe mmittee	L L	munications	
Building/Real Estate Religious Political Party not part of b. Type (Check one) Parent Entity Economic Interest d. Member Definition	Get Out the Vo the Party Plan of	Insurance organization Crganization C. Def Purpose Insurance C. Def C.	Affiliated Co	Minority Information T Other: pe mmittee	L L	nmunications	
Building/Real Estate Religious Political Party not part of b. Type (Check one) Parent Entity Economic Interest d. Member Definition e. Name	Get Out the Vo the Party Plan of	Insurance organization Crganization C. Def Purpose Insurance C. Def C.	Affiliated Co	Minority Information T Other: pe mmittee state, & zip)	L L	munications	
Building/Real Estate Religious Political Party not part of b. Type (Check one) Parent Entity Economic Interest d. Member Definition e. Name 14. Referendum Committe	Get Out the Vo the Party Plan of	Insurance organization Crganization C. Def Purpose Insurance C. Def C.	Affiliated Co include city,] Minority] Information T] Other: pe mmittee state, & zip)	L L	munications	
Building/Real Estate Religious Political Party not part of to Type (Check one) Parent Entity Economic Interest d. Member Definition e. Name	Get Out the Vo the Party Plan of	Insurance organization Crganization C. Def Purpose Insurance C. Def C.	Affiliated Co include city,	Minority Information T Other: pe mmittee state, & zip)	g. Relation	munications	

ŧ,

i

Statement of Organization

4

ĩ

15. Treasurer Information			_					
	b. Address	c. City	d. State	e. Zip	f. Phone			
Thomas L. Nesbit	1068 West Fourth S	t. Winston-	NC	27101	748-8887			
g. Email Address tnesbit@	nesbitlaw.com							
16. Assistant Treasurer Information	n			·				
a. Name	b. Address	c. City	d. State	e. Zip	f. Phone			
		<u> </u>			l.,			
g. Email Address								
17. Custodian of Books Information		c. City	d. State	e. Zip	f. Phone			
a. Name	b. Address	Winston						
Diane M. Ramos	1068 West Fourth S	t. <u>Salem</u>	NC	27101	748-8887			
g. Email Address dramos@r	nesbitlaw.com							
18. Bank/Depository/Credit Account	nt Information							
a. Name	b. Address	c. City Winston-Salen	d. State	e. Zip	f. Acct Type &			
First Citizens Bank	POB 5537	winston-sale		<u></u>	Number checking			
					Checking			
g. Purpose	<u> </u>	<u> </u>	<u> </u>	h. Code				
Bruibose								
g. Purpose				h. Code				
 19. Certification of Threshold (for Candidate and Party Committees Only) I certify that this committee intends to neither receive nor expend more than \$3,000 during the campaign under the procedures set forth in G.S. 163-278.10A. This certification will remain until the end of the election cycle for this committee. I further understand that should the above circumstances change at any time during the election cycle, it will be necessary for the person responsible for filing financial reports to immediately notify the appropriate Board of Elections Campaign Reporting Office and to commence filing campaign reports with the next scheduled report; such report to include all funds received and spent since the beginning of the committee's current election cycle. By checking this box, I am not required to file an organizational report. I am amending this Statement of Organization to withdraw my Certification to remain under the \$3000 threshold. I will now be required to file a report of all contributions and expenditures from the beginning of the election cycle that have not been previously reported. This report will be referred to as a "Threshold Report". I further agree to file all future reports 								
previously reported. This report required. CERTIFICATION I certify that the Committee is in con funds for a federal or out-of-state PA	upliance with all provisions of Ar	ticle 22A, including	that no f	,				
Signature of Appoin	ted Treasurer or Candidate hyper CNes 54		2	2 - 28 - Date	.02			

.



ΗY ELECTIONS

Mar -1 02

RECEIVED

North Carolina State Board of Elections 506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook Deputy Director – Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification of Treasurer

FILED BY:

Candidate Name: Treasurer Name: Treasurer Address: (include city, state, & zip)

Treasurer Phone:

Terry L. Holbrook	
Thomas L. Nesbit	
1068 West Fourth Street	
Winston-Salem, NC 27101	
(336) 748-8887	

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy.

2/28/02 Date Signed

Signature of Candidate

Certification of Treasurer