Committee Name			7. Date			
Committee to Floor Deep D	1					
Committee to Elect Dean Rut 2 Committee Address	2-6-02 8:10 Number					
One N. Marshall St., Suite	101		a. 1223 unitser			
3. City		S. Zip 6. Phon				
	- June	S. Zap 6. Phon	9. Amendinent Yes			
Winston-Salem	NC 2	7101 (336) 722	2-7000 X №			
Type of Committee (Check one and	complete the respective i	nformation required l	below.)			
10. Candidate Committee (If office so	ught is nonpartisan, write	"Nonpartisan" in (b)	Party Affiliation.)			
a. Name of Candidate	b. Party Affiliation	c. Office Sought	d. District/County/Municipal			
Dean Rutledge	Nonpartisan	Judge	District Court			
☐ 11. Joint Candidate Fundraiser						
a. Name of Event	h. E	ent Location				
c. Candidate Names	d. ID Nember	c.Office f Pa	rty Affiliation g. Share of Profits			
			geomate an erarrite			
12. Party Committee						
A. Type (Check one) National State		Subordinate	h, Party			
☐ 13. General Political Committee						
a.Category (Checkone)						
☐ Banking/Finance ☐ Conservative/I ☐ Building/Real Estate ☐ Environment	=	Manufacturin	- 			
Religious Get Out the Vote Legal Information Tech/Telecompunication						
Political Party not part of the Party Plan of	Organization	Other:	com refeccimentines (10115			
Parent Entity Political	c Definitio	н ө(Түрс				
☐ Economic Interest	- dipose					
d Momber Definition						
Com	ected Organization or Affilia					
c Name	f. Mailing Address (includ	e city, state, & zip)	g. Relationship			
14. Referendum Committee		3 2000				
TO A TOWN A CLUMB		h. Referendum Date	e Declaration (Check one)			
		j	Support Oppose			

15. Treasurer Information					· · · · · · · · · · · · · · · · · · ·			
a. Name	b. Address	c.Caty	d State	e, Zip	L Phone			
Bryan E. Gates, Jr.	One N. Marshall St. Suite 100	, Winston- Salem	NC	27101	(336) 724-0082			
16. Assistant Treasurer Information								
s. Name	h. Address	c City	d. State	c. Zip	L.Phone			
y. Email Address		<u>.l</u>	<u> </u>	<u> </u>				
17. Custodian of Books Information								
a Name	b. Address	e. Cary	d. State	S Zip	I. Phone			
Dean Rutledge	One N. Marshall St. Suite 101	, Winston- Salem	NC	27101	(336) 722-7000			
18. Depository Information								
a Name	b:Address	c. City	d. State	e. Zip	L Acct Type &			
					Number			
	<u> </u>							
g Purpose				T"				
	·	<u> </u>						
/· Purpose			-!		<u> </u>			
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 required.								
'ERIFICATION								
certify that the Committee is in comunds for a federal or out-of-state PA	C. I further say that this report is c	sle 22A, including the complete, true and c	hat no fun orrect. 2/8	ds are comm				
Signature of Appoint	ed Treasurer or Calldidate		<u>-</u>	Date				