

Statement of Organization

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1. Name of Committee McGee for NC House Comm						7. Date 7-19-02	
2. Address of Committee P O Box 5						8. ID Number	
3. City Clemmons		4. State NC		5. Zip 27012-3367		6. Phone 664481	
						9. Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Type of Committee (Check one and complete the respective information required below.)

☒ **10. Candidate Committee** ☒ **Primary Candidate Committee**
(If office sought is nonpartisan, write "Nonpartisan" in (d) Party Affiliation.)

a. Name of Candidate William C. "Bill" McGee	b. Candidate ID Number	c. Office State House	d. Party Affiliation Rep	e. Dist/Cty/Mun 93
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☐ **11. Joint Candidate Committee or Fundraiser** ☐ **Primary Candidate Committee**

a. If Fundraiser, Name of Event		b. If Fundraiser, Event Location		
c. Candidate Names	d. Candidate ID Number	e. Office	f. Party Affiliation	g. Share of Profits
				%
				%
				%
				%

☐ **12. Party Committee**

a. Type (Check one)		b. Party	
<input type="checkbox"/> National	<input type="checkbox"/> State	<input type="checkbox"/> Subordinate	

☐ **13. General Political Committee**

a. Category (Check one)			
<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Conservative/Liberal	<input type="checkbox"/> Health	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Building/Real Estate	<input type="checkbox"/> Environment	<input type="checkbox"/> Insurance	<input type="checkbox"/> Minority
<input type="checkbox"/> Religious	<input type="checkbox"/> Get Out the Vote	<input type="checkbox"/> Legal	<input type="checkbox"/> Information Tech/Telecommunications
<input type="checkbox"/> Political Party not part of the Party Plan of Organization		<input type="checkbox"/> Other:	
b. Type (Check one)		c. Definition of Type	
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Political Purpose			
<input type="checkbox"/> Economic Interest			
d. Member Definition			
Connected Organization or Affiliated Committee			
e. Name	f. Mailing Address (include city, state, & zip)		g. Relationship

☐ **14. Referendum Committee**

a. Name of Referendum	b. Referendum Date	c. Declaration (Check one)
		<input type="checkbox"/> Support
		<input type="checkbox"/> Oppose

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15. Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Dr. Glenda H. Weber	PO Box 809	Clemmons	NC	27012	336 766-8115
g. Email Address gh ghweber@bellsouth.net					

16. Assistant Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
g. Email Address					

17. Custodian of Books Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Diane B McGee	PO Box 5	Clemmons	NC	27012	336 766-4481
g. Email Address					

18. Bank/Depository/Credit Account Information

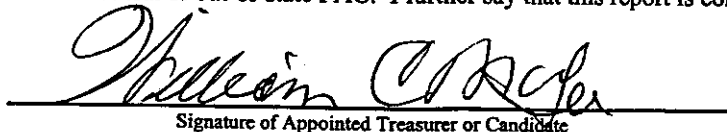
a. Name	b. Address	c. City	d. State	e. Zip	f. Acct Type & Number
BB&T Corp		Clemmons	NC	27012	A-NCH
g. Purpose					
Campaign checking					
h. Code					

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 required.

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.


Signature of Appointed Treasurer or Candidate

7-19-02
Date