Statement of Organization

1. Name of Committee	7. Date
Campaign to Elect CC McGee Sheriff of Forsyth County	3/11/02
2. Address of Committee	**8. ID Number**
330 CONRAD Rd	
3. City / **4. State** / **5. Zip** / **6. Phone**	**9. Amendment**
LEWISVILLE / NC / 27023 / 9455538	☐ Yes ☒ 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	b. Candidate ID Number	c. Office	d. Party Affiliation	e. Dist/Cty/Mun
Charles Calvin Mc Gee		Sheriff	Democrat	Forsyth

☐ **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
☐ National	☐ State	☐ Subordinate	

☐ **13. General Political Committee**

a. Category *(Check one)*

☐ Banking/Finance ☐ Conservative/Liberal ☐ Health ☐ Manufacturing ☐ Trade
☐ Building/Real Estate ☐ Environment ☐ Insurance ☐ Minority ☐ Utilities
☐ Religious ☐ Get Out the Vote ☐ Legal ☐ Information Tech/Telecommunications
☐ Political Party not part of the Party Plan of Organization ☐ Other:

b. Type *(Check one)*	c. Definition of Type
☐ Parent Entity ☐ Political Purpose ☐ 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)*
		☐ Support ☐ Oppose

Statement of Organization

15. Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Michael W. Throwe	330 CONRAD RD	LEWISVILLE	NC	27023	(336) 945-5538
g. Email Address	throwe@triad.rr.com				

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
Michael W Throwe	330 CONRAD RD	LEWISVILLE	NC	27023	(336) 945-5538
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 BANK~~	~~Shallowford RD~~	~~LEWISVILLE~~			
BB&T BANK	Shallowford RD	LEWISVILLE	NC	27023	[redacted]
g. Purpose				h. Code	
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 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.

Michael W Throwe
Signature of Appointed Treasurer or Candidate

3/14/02
Date

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: CHARLES CALVIN McGEE
Treasurer Name: MICHAEL W. THROWER
Treasurer Address: 330 CONRAD RD
(include city, state, & zip) LEWISVILLE, NC 27023

Treasurer Phone: (336) 945-5538

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.

3/11/02
Date Signed

Charles Calvin McGee
Signature of Candidate