

Statement of Organization - Candidate Committee

Amendment

☐ Yes

☐ No

COPY

1. Committee Information				c. ID Number	
a. Full Name Comm. to Elect ENOS A. JUMPER TO WALKERTOWN TOWN COUNCIL				97Y6PE	
b. Mailing Address (include City, State and Zip Code) 5028 KHANDIKE RD. WALKERTOWN, N.C. 27051				d. Date Organized 8-11-03	
				e. Phone Number 336-767-7755	
2. Candidate Information				<input type="checkbox"/> Primary Candidate Committee	
a. Full Name ENOS A. JUMPER				b. Candidate ID Number 97Y6PE	
c. Office Sought TOWN COUNCIL		d. District/County/Municipality WALKERTOWN		e. Party Affiliation NONPARTISAN	
(If office sought is nonpartisan, write "Nonpartisan" in [e] Party Affiliation.)					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name ENOS A. JUMPER RECEIVED JUMPER			a. Full Name		
b. Mailing Address (include City, State, and Zip Code) 5028 KHANDIKE RD. WALKERTOWN, N.C. 27051			b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number 336 767-7755	d. Email Address None		c. Phone Number	d. Email Address	
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
c. Phone Number	d. Email Address		c. Code	d. Type	
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.					
<u>E. A. JUMPER</u> Printed Name of Signer		<u>[Signature]</u> Signature of Appointed Treasurer		<u>8-11-03</u> Date	

CRO-2100A

NC State Board of Elections

March 2003



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

Confidential

Certification of Financial Account Information

FILED BY:

Committee Name: Comm. to Elect. ENOS Jumper to Town Council
Treasurer Name: ~~PEGGY A. JUMPER~~ ENOS A. JUMPER
Treasurer Address: 5017 KLONDIKE RD
(include city, state, & zip) WALKERTOWN, N.C. 27051

Treasurer Phone: 336. 767. 7755

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "code" in order to provide account information on required disclosure reports. If an account number is used as the "code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Account Number	Code
checking	C.C.B.	WALKERTOWN, NC	[REDACTED]	313

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

8-11-03
Date Signed

[Signature]
Signature of Treasurer



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 Threshold

FILED BY:

Committee Name: COMM-TO ELECT F1405 JUMPER TO TOWN COUNCIL
Treasurer Name: ~~Robert D. Jumper~~ Errol A. Jumper
Treasurer Address: 5028 Khondike Rd.
(include city, state, & zip) WALKERTOWN N.C. 27051

Treasurer Phone: 336-767-7755

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$3,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$3,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

☐ I am withdrawing my Certification to remain under the \$3000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

8-11-03
Date Signed

Errol A. Jumper
Signature



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:

F. NOS A JUMPER - 9746PE

Treasurer Name:

~~ROBERT J. JUMPER~~ F. NOS A - JUMPER

Treasurer Address:

5028 KLONDIKE RD.

(include city, state, & zip)

WALKERTOWN, N.C. 27051

Treasurer Phone:

336-767-7755

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.

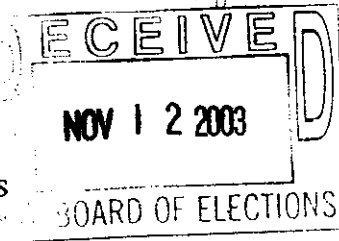
I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy.

8-11-03
Date Signed


Signature of Candidate



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



E A Jumper
Walker town
Forsyth BOE

Kimberly Westbrook
Deputy Director - Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification to Close Committee

FILED BY:

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

Treasurer Phone: _____

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$3,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$3,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

11-08-03
11-08-03
Date Signed

E A Jumper
Signature

RECEIVED
2003 NOV 17 PM 1:54
FORSYTH COUNTY
BOARD OF ELECTIONS