

# COPY

## Statement of Organization - Candidate Committee

Amendment

☐ Yes☐ No

### 1. Committee Information

a. Full Name

RICHARD NORMAN FOR COMMISSIONER

c. ID Number

b. Mailing Address (include City, State and Zip Code)

PO BOX 260  
BETHANIA, NC 27010-0260

d. Date Organized

e. Phone Number

336-924-2524

### 2. Candidate Information

☒ Candidate's Primary Committee

a. Full Name

RICHARD N. NORMAN

c. Candidate ID Number

d. Party Affiliation

LIBERTARIAN

b. Mailing Address (include City, State, and Zip Code)

2071 MALLARD LAKES DR  
WINSTON-SALEM, NC 27106

e. Office Sought

FORSYTH COUNTY  
COMMISSIONER (DISTRICT B)

f. Jurisdiction

(If office sought is nonpartisan, write "Nonpartisan" in [d]  
Party Affiliation.)

### 3. Treasurer Information

a. Full Name

DONN LINTON

b. Mailing Address (include City, State, and Zip Code)

4200 Briarcliffe Rd.  
WINSTON-SALEM, N.C. 27106

### 4. Custodian of Books Information

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

336  
725-1170

d. Email Address

LINTONS@prodigy.net

c. Phone Number

d. Email Address

### 5. Assistant Treasurer Information

☐ Add☐ Remove

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

### 6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name

CENTRAL CAROLINA BANK

b. Purpose

c. Code

CCB

d. Type

CHECKING

### 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.

DONN LINTON

Printed Name of Signer

Donn Linton

Signature of Appointed Treasurer

4-27-04

Date

CRO-2100A

NC State Board of Elections

May 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

**Certification of Treasurer**

**FILED BY:**

Candidate Name: RICHARD N NORMAN  
Treasurer Name: DONN LINTON  
Treasurer Address: 4200 BRIARCLIFFE RD  
(include city, state, & zip) WINSTON-SALEM, NC 27106  
  
Treasurer Phone: 336 725-1170

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.

4/27/2004  
Date Signed

[Signature]  
Signature of Candidate



North Carolina  
State Board of Elections  
506 N Harrington Street  
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Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

**Confidential**

**Certification of Financial Account Information**

**FILED BY:**

Committee Name: RICHARD NORMAN FOR COMMISSIONER  
Treasurer Name: DOAN LINTON  
Treasurer Address: 4200 BRIARCLIFF RD  
(include city, state, & zip) WINSTON-SALEM, NC 27106  
Treasurer Phone: 336 725-1170

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	CCB	101 S. STRATFORD W-3, NC 27104	[REDACTED]	CCB

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

4-27-04  
Date Signed

[Signature]  
Signature of Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Candidate



North Carolina  
State Board of Elections

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Deputy Director – Campaign Reporting

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(919) 733-7173  
Fax: (919) 715-8047

**Certification of Threshold**

**FILED BY:**

Committee Name: RICHARD NORMAN FOR COMMISSIONER  
Treasurer Name: DAWN LINTON  
Treasurer Address: 4200 BRIARCLIFFES RD  
(include city, state, & zip) WINSTON-SALEM, NC 27108

Treasurer Phone: 336 725-1170

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.

4-27-04  
Date Signed

Dawn Linton  
Signature