# Statement of Organization - Candidate Committee

✓ No

1. Committee Info	rmation		<del></del>			
a. Full Name					c. ID Numbe	<u> </u>
COMMITTEE TO RE-ELECT GLORIA D. WHISENHUNT				10YH4X		
b. Mailing Address (in	clude City, State and Zip (	Code)		<del>.</del>		
1		<del> </del>			d. Date Organized	
456 N. HAWTHORNE ROAD WINSTON-SALEM, N.C. 27104-3223					04/27/2004	
					e. Phone Number	
2.6-23-4					(336) 725	-1072
2. Candidate Infor	rmation		✓ Candidate's Pr		ttee	
			c. Candidate ID Num	te ID Number d. Party Affiliation		iation
GLORIA D. WHISENHUNT			10YH4X	REPUBLICAN		
	cinde City, State, and Zip (	Code)	e. Office Sought	f. Jurisdiction		f. Jurisdiction
456 N. HAWTHORNE ROAD WINSTON-SALEM, N.C. 27104-3223			FORSYTH COUNTY COMMISSIONER DIST B FORSYTI		FORSYTH COUNTY B	
			(If office sought is nonpartisan, write "Nonpartisan" in [d]  Party Affiliation.)			
3. Treasurer Information			4. Custodian of Books Information			
a. Full Name			2. Full Name			
GLORIA D. WHISENHUNT			GLORIA D. WHISENHUNT			
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)			
456 N. HAWTHORNE ROAD WINSTON-SALEM, N.C. 27104-3223		456 N. HAWTHORNE ROAD WINSTON-SALEM, N.C. 27104-3223				
c. Phone Number	d. Email Address		c. Phone Number	d. Email Addr	<b>CSS</b>	·
(336) 725-1072			(336) 725-1072		·	
5. Assistant Treasu	rer Information	☐ Add	6. Account Inform	ation (incl.	CRO-3500)	✓ Add
a. Fuli Name		☐ Remove	a. Financial Institution			Remove
			FIRST CITIZENS	S BANK		
b. Mailing Address (inc	lude City, State, and Zip C	ode)	b. Purpose			
			CANDIDATE CO	MMITTEE A	CCOUNT	
c. Phone Number	d. Email Address		c. Code	d. Type		
			1	CHECKING		
CERTIFICATION			<u>L'</u>	CHECKING	J	:
I certify that the Co with funds for a fee GLORIA D. W	ommittee is in compliar deral or out-of-state PA	C. I further say the	eat this report is com	plete, true and	no funds are	commingled
Timber	- Yaman or Distret	Sig	nature of Appointed Trea	surer	<b>'</b> ī	Date
CRO-2100A		NC State Boar	rd of Elections			



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: Co		DMMITTEE TO RE-ELECT GLORIA D. WHISENHUNT			
Treasurer Name:	GLOI	GLORIA D. WHISENHUNT .			
Treasurer Address	s:456 N	456 N. HAWTHORNE ROAD			
(include city, state, & zip)		WINSTON-SALEM,N.C. 27104-3223			
Treasurer Phone: (3		36) 725-1072			
accounts, money mark Committee.  The information provide a court of competent j provide account information provide account information provid	mation provided below is to Committee. These accounts ket or savings accounts, or ided on this form is considered would only be used for urisdiction. It will be necessation on required discloss account number is presume	numbers include all bank any other financial account ared confidential and is not the purposes of an audi ssary to assign each account are reports. If an account	accounts utilized, creat used for any purports ubject to public differ investigation or any purport number a "code"	edit card se by the sclosure. s required by	
Type of account	Financial Institution	Address	Account Number	Code	
CHECKING .	FIRST CITIZENS .	WINSTON-SALEM,		1	
	BANK .	N.C. 27103 .			
By signing this statem provided.	ent, I authorize agents of the	he State Board of Election	ns to inspect all accou	ints	



#### North Carolina State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook Deputy Director – Campaign Reporting

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#### **Certification of Treasurer**

LITED BA:		
Candidate Name:	GLORIA D. WHISENHUNT	
Treasurer Name:	GLORIA D. WHISENHUNT	<b></b>
Treasurer Address:	456 N. HAWTHORNE ROAD	
(include city, state, & zip)	WINSTON-SALEM, N.C. 27104-3223	
Treasurer Phone:	(336) 725-1072	

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.

4/27/04/

Signature of Candidate



## North Carolina

### State Board of Elections

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#### **Certification of Threshold**

FILED BY:	
Committee Name:	COMMITTEE TO RE-ELECT GLORIA D. WHISENHUNT
Treasurer Name:	GLORIA D. WHISENHUNT
Treasurer Address:	456 N. HAWTHORNE ROAD .
(include city, state, & zip)	WINSTON-SALEM, N.C. 27104-3223
Treasurer Phone:	(336) 725-1072
until the end of the election cycle expenditures during this election of elections and file required cam  I am withdrawing my Certif file the next scheduled report for	intends to neither receive nor expend more than \$3,000 during the current es set forth in G.S. 163-278.10A. This certification will remain in effect for this committee. If this committee exceeds \$3,000 in contributions or cycle, I understand that I must immediately notify the appropriate board spaign finance reports.  The cation to remain under the \$3000 threshold. I will now be required to all contributions and expenditures that have not been previously reported election cycle. I further agree to file all future reports required.
4/22/04 Date Signed	Sou D. Whiseless