COPY

Amendment Yes No

Statement of Organization - Candidate Committee

1 - - - S.

1. Committee Info	rmation					
2. Fall Name				c. ID Number		
COMMITTEE TO RE-ELECT GLORIA D. WHISENHUNT				10YH4X		
b. Mailing Address (include City, State and Zip Code)				d. Date Organized		
456 N. HAWTHO WINSTON-SALE			04/27/2004			
				e. Phone Nun	ıber	
			(336) 725-1072			
2. Candidate Infor	mation	Candidate's Pri	imary Commi	ttee	· · ·	
a. Full Name		c. Candidate ID Num	ber d. Party Affiliation			
GLORIA D. WHISENHUNT		10YH4X	REPUBLICAN			
b. Mailing Address (in	lude City, State, and Zip Code)	e. Office Sought	f. Jurisdiction			
456 N. HAWTHO WINSTON-SALE	RNE ROAD M, N.C. 27104-3223	FORSYTH COU COMMISSIONE	ONER DIST B COUNTY E		FORSYTH COUNTY B	
		(If office sought i	(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information		4. Custodian of B	4. Custodian of Books Information			
a. Fall Name		a. Full Name	z. Full Name			
GLORIA D. WHIS		GLORIA D. WHI	GLORIA D. WHISENHUNT			
b. Mailing Address (inc	lude City, State, and Zip Code)	b. Mailing Address (in	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	amber d. Email Address			
(336) 725-1072		(336) 725-1072				
5. Assistant Treasu	rer Information Add	6. Account Inform	6. Account Information (incl. CRO-3500)			
a. Full Name		ove a. Financial Institution	a. Financial Institution Fall Name			
		FIRST CITIZEN	FIRST CITIZENS BANK			
b. Mailing Address (inc	inde City, State, and Zip Code)	b. Purpose	b. Purpose			
		CANDIDATE CO	CANDIDATE COMMITTEE ACCOUNT			
c. Phone Number	d. Email Address	c. Code	d. Type	<u>.</u>		
		1	CHECKING			
CERTIFICATION	· · · · · · · · · · · · · · · · · · ·		.		·	
I certify that the C	ommittee is in compliance with all	provisions of Article 22A,	including that	t no funds ar	e commingled	
with lunds for a fe	deral or out-of-state PAC. I furthe	r say that this report is com $- 2 n n n$	plete, true an	d correct.		
GLORIA D. W	HISENHUNT	Veru 11- Mace	ukui	7 06/16/2	004	
Printe	l Name of Signer	Signature of Appointed Trea	nature of Appointed Treasurer Date			
CRO-2100A	NC S	tate Board of Elections			May 2003	
	(374/2014				

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1008 (1000) 1008 (1000) 1009 (1000)



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:

Treasurer Name:

server 5

Committee To Re-Elect Gloria D. Whisenhunt

Treasurer Address: 456 N. Hawthome Road

(336) 725-1072

Gloria D. Whisenhunt

Winston-Salem, N.C. 27104

(include city, state, & zip)

Treasurer Phone:

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.

6-15-2004 Date Signed

Sana Q. Muchini



Certification of Threshold