

**COPY**



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

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2005 DEC -2 PM 4:32  
FORSYTH COUNTY  
BOARD OF ELECTIONS

**Certification of Treasurer**

**FILED BY:**

Candidate Name: COMMITTEE TO ELECT MICAH S. STULTZ

Treasurer Name: KENNY BOWERS

Treasurer Address: 1013 MANORWOOD DRIVE  
(include city, state, & zip) KERNERSVILLE, NC 27284

Treasurer Phone: (336) 692-0040

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.

11/16/2005  
Date Signed

Signature of Candidate

# Statement of Organization - Candidate Committee

Amendment

☐ Yes ☒ No

<b>1. Committee Information</b>			
<b>a. Full Name</b>		<b>c. ID Number</b>	
COMMITTEE TO ELECT MICAH S. STULTZ			
<b>b. Mailing Address (include City, State and Zip Code)</b>		<b>d. Date Organized</b>	
4936 TALPHIN DR. WALKERTOWN, NC 27051		11/16/2005	
		<b>e. Phone Number</b>	
		(336) 655-4512	
<b>2. Candidate Information</b>		<input type="checkbox"/> Candidate's Primary Committee	
<b>a. Full Name</b>		<b>c. Candidate ID Number</b>	
MICAH SHANE STULTZ			
<b>b. Mailing Address (include City, State, and Zip Code)</b>		<b>d. Party Affiliation</b>	
4936 TALPHIN DR. WALKERTOWN, NC 27051		REPUBLICAN	
		<b>f. Jurisdiction</b>	
		AT- LARGE	
		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
<b>a. Full Name</b>		<b>a. Full Name</b>	
KENNETH BOWERS			
<b>b. Mailing Address (include City, State, and Zip Code)</b>		<b>b. Mailing Address (include City, State, and Zip Code)</b>	
1013 MANORWOOD DR. KERNERSVILLE, NC 27284			
<b>c. Phone Number</b>	<b>d. Email Address</b>	<b>c. Phone Number</b>	<b>d. Email Address</b>
(336) 692-0040			
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information (incl. CRO-3500)</b>	
<b>a. Full Name</b>		<b>a. Financial Institution Full Name</b>	
		LEXINGTON STATE BANK (LSB)	
<b>b. Mailing Address (include City, State, and Zip Code)</b>		<b>b. Purpose</b>	
		CAMPAIGN ACCOUNT	
<b>c. Phone Number</b>	<b>d. Email Address</b>	<b>c. Code</b>	<b>d. Type</b>
		1	CHECKING
<b>CERTIFICATION</b>			
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.			
KENNETH BOWERS		11/16/2005	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	

CRO-2100A

NC State Board of Elections

May 2003



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**Confidential**

**Certification of Financial Account Information**

**FILED BY:**

Committee Name: COMMITTEE TO ELECT MICAH S. STULTZ  
Treasurer Name: KENNETH BOWERS  
Treasurer Address: 1013 MANORWOOD DR.  
(include city, state, & zip) KERNERSVILLE, NC 27284  
  
  
Treasurer Phone: (336) 692-0040

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	LSB	131 E. MOUNTAIN ST. KERNERSVILLE, NC 27284	[REDACTED]	1

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

11/16/2005

Date Signed

  
Signature of Treasurer



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**Certification of Threshold**

**FILED BY:**

Committee Name: COMMITTEE TO ELECT MICAH S. STULTZ

Treasurer Name: KENNETH BOWERS

Treasurer Address: 1013 MANORWOOD DR.  
KERNERSVILLE, NC 27284

(include city, state, & zip)

Treasurer Phone: (336) 692-0040

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.

11/16/2005

Date Signed

Kenneth Bowers  
Signature