

North Carolina State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook Deputy Director -- Campaign Reporting

FILED BY:



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

Certification of Treasurer

| Candidate Name: | Jeannie A. Metcalt. | | | |
|--|------------------------|--|--|--|
| Treasurer Name: | " deannie, A. Metcalf | | | |
| Treasurer Address: | 504 Knob View Dr | | | |
| (include city, state, & zip) | Winston Solem UC 27104 | | | |
| | | | | |
| | | | | |
| Treasurer Phone: | 336-768-2270 | | | |
| 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. | | | | |
| 2/21/06 | Jeannie andraig | | | |

KLUZIVED

Certification of Treasurer

March 2003

CRO-3100

PORSYTH COUNTY

Statement of Organization - Candidate Committee ☐ Yes 1. Committee Information c. ID Number School Board . Mailing Address (include City, State and Zip Code) d. Date Organized Knob View Dr Winston-Salem, NC 336-**7**68-2270 Candidate's Primary Committee 2. Candidate Information d. Party Affiliation . Full Name c. Candidate ID Number Jeannie Alkn Metalf Keb. . Mailing Address (include City, State, and Zip Code) f. Jurisdiction e. Office Sought 504 Knob View Dr. Winster-Solem, NC. Board of Education (If office sought is nonpartisan, write "Nonpartisan" in [d] 27104 Party Affiliation.) 3. Treasurer Information 4. Custodian of Books Information a. Full Name . Full Name Jeannie A. Metcalf Jeannie A Metralf b. Mailing Address (include City, State, and Zip Code) Mailing Address (include City, State, and Zip Code) Knob View Dr Knob View Dr Winston Salan NC 27104. Phone Number d. Email Address Solar NC 27104 336-768-2170 Metcalf 7@ tried.rr.com (incl. CRO-3500) 5. Assistant Treasurer Information 6. Account Information a. Financial Institution Full Name Remove . Full Name Remove b. Purpose b. Mailing Address (include City, State, and Zip Code) d. Type c. Code . Phone Number d. Email Address 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.

CRO-2100A

NC State Board of Elections

May 2003

Amendment

☐ No



Kimberly Westbrook Deputy Director – Campaign Reporting

CRO-3500

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

March 2003

Confidential

Certification of Financial Account Information

| FILED BY: | | | | _ | |
|--|---|--|---|-----------------------------------|--|
| Committee Name: | Committee | to Relect Moto | alf for School | Board | |
| Treasurer Name: | Jeannie | A Notcoll | | | |
| Treasurer Address: | 504 tus | 6 View Dr | | | |
| (include city, state, & zi | P) Winstan- | Solon No | 27104 | · · · · · · · · · · · · · · · · · | |
| Treasurer Phone: | 336-768 | -2270 | | | |
| 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 The information provided | d would only be used fo | or the purposes of an au | dit or investigation or a | is required by | |
| provide account informat confidentiality of the acco | | ure reports. If an accor | ınt number is used as th | in order to e "code", | |
| provide account informat confidentiality of the acco | ion on required disclos | ure reports. If an accor | ınt number is used as th | code Code | |
| provide account informat confidentiality of the acco | ion on required discloss ount number is presume | ure reports. If an accorded to have been waived | int number is used as th | e "code", | |
| provide account informat confidentiality of the acco | ion on required discloss ount number is presume | ure reports. If an accorded to have been waived | int number is used as th | e "code", | |
| provide account informat confidentiality of the acco | ion on required discloss ount number is presume nancial Institution | ure reports. If an accorded to have been waived Address | Account Number | Code | |
| provide account informat confidentiality of the account Type of account Figure 1: Type of account Figure 2: Type of account Figure 3: Ty | ion on required discloss ount number is presume nancial Institution | ure reports. If an accorded to have been waived Address | Account Number | Code | |
| provide account informat confidentiality of the account Type of account Fi By signing this statement, provided. | ion on required discloss ount number is presume inancial Institution I authorize agents of the time information, I certify | are reports. If an accorded to have been waived Address The State Board of Elect that this committee with the state with the committee with the state wit | Account Number Account Number ions to inspect all accounts Signature of Treasurer | Code muts | |

Certification of Financial Account Information



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: | Committee to Replect Metcalf for School Board |
| Treasurer Name: | Jeannie A. Metca (1) |
| Treasurer Address: | 504 Knobview Dr. |
| (include city, state, & zip) | Winston-Salem, NC 27104 |
| | |
| • | |
| Treasurer Phone: | 768-2270 |
| election cycle under the proc until the end of the election of expenditures during this elec- of elections and file required THIS DECLARATION CAN I am withdrawing my Co- file the next scheduled report | nittee intends to neither receive nor expend more than \$3,000 during the current edures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$3,000 in contributions or tion cycle, I understand that I must immediately notify the appropriate board campaign finance reports. ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. Pertification to remain under the \$3000 threshold. I will now be required to for all contributions and expenditures that have not been previously reported tent election cycle. I further agree to file all future reports required. |
| 2 19 10 6 Date Signed | Geanne a. Netcaef |