



North Carolina  
State Board of Elections  
506 N Harrington Street  
Raleigh, NC 27603

COPY

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:

Sandra Mikush

Treasurer Name:

Rose Lynne C. Bowman

Treasurer Address:

1708 W. First St.

(include city, state, & zip)

Winston Salem, NC 27104

Treasurer Phone:

336-761-0260

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.

3/21/06

Date Signed

  
Signature of Candidate

RECEIVED

CRO-3100

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Certification of Treasurer

March 2003

FORSYTH COUNTY  
COUNTY CLERK

# Statement of Organization - Candidate Committee

Amendment  
☐ Yes ☐ No

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
Sandra Mikush Candidate for <sup>Forsyth Co.</sup> School Board Committee		41-2200639	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. Box 15053 Winston-Salem, NC 27113		3/21/06	
		e. Phone Number	
		336-725-5924	
<b>2. Candidate Information</b>			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Sandra Mikush			Unaffiliated
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
1205 Clover St. Winston-Salem, NC 27101		Board of Education	Forsyth Co.
		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
Rose Lynne Bowman			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1708 W. First St. Winston-Salem, NC 27104			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-761-0260	roseylnne@yahoo.com		
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
		Wachovia	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		campaign finance	
c. Phone Number	d. Email Address	c. Code	d. Type
		WA	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.			
Rose Lynne C. Bowman		Rose Lynne C. Bowman	3/23/2006
Printed Name of Signer		Signature of Appointed Treasurer	Date

CRO-2100A

NC State Board of Elections

May 2003



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**Certification of Threshold**

**FILED BY:**

Committee Name: Sandra Mikush Candidate for Forsyth Co. School Board Committee  
Treasurer Name: Rose Lynne Bowman  
Treasurer Address: 1708 W. First St.  
(include city, state, & zip) Winston Salem, NC 27104

Treasurer Phone: 336-761-0260

**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.

**THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.**

☐ 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.

March 23 2006  
Date Signed

Rose Lynne Bowman  
Signature



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**Confidential**

**Certification of Financial Account Information**

**FILED BY:**

Committee Name: Sandra Mikush Candidate for Forsyth Co.  
Treasurer Name: Rose Lynne C. Bowman School Board Commitee  
Treasurer Address: 1708 W. First St.  
(include city, state, & zip) Winston Salem, NC 27104  
Treasurer Phone: 336-761-0260

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	Wachovia	916 W. Fourth St. Winston Salem NC 27101	[REDACTED]	WA

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

March 23, 2006  
Date Signed

Rose Lynne C. Bowman  
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