



**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

**Certification of Treasurer**

**FILED BY:**

Candidate Name:

TED KAPLAN

Treasurer Name:

JIM ARMEN TRUST

Treasurer Address:

3822 ~~W~~ RYAN WAY

(include city, state, & zip)

WINSTON-SALEM N.C. 27106

Treasurer Phone:

924-9166

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.

3-08/06

Date Signed

[Signature]  
Signature of Candidate

RECEIVED

CRO-3100

95:6 WA-01-1211-0007  
Certification of Treasurer

March 2003

FORSTYH COUNTY  
BOARD OF ELECTIONS

# Statement of Organization - Candidate Committee

Amendment

☐ Yes

☒ No

## 1. Committee Information

a. Full Name	c. ID Number
KAPLAN FOR Commissioner	NIYXIE
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
1117 GLOUSMAN RD WINSTON - SALEM N.C. 27104	3-8-06
	e. Phone Number
	336-659-9657

## 2. Candidate Information

☐ Primary Candidate Committee

a. Full Name	b. Candidate ID Number
TED KAPLAN	NIYXIE
c. Office Sought	d. District/County/Municipality
County Commissioner AT Large	Forsyth
e. Party Affiliation	
Democrat	

(If office sought is nonpartisan, write "Nonpartisan" in [e] Party Affiliation.)

## 3. Treasurer Information

a. Full Name
JIM ARMENSTROTT
b. Mailing Address (include City, State, and Zip Code)
3822 RYAN WAY WINSTON-SALEM, N.C. 27106
c. Phone Number
924-9164
d. Email Address

## 4. Custodian of Books Information

a. Full Name
b. Mailing Address (include City, State, and Zip Code)
c. Phone Number
d. Email Address

## 5. Assistant Treasurer Information

☐ Add

a. Full Name	<input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	
d. Email Address	

## 6. Account Information (incl. CRO-3500)

☐ Add

a. Financial Institution Full Name	<input type="checkbox"/> Remove
b. Purpose	
c. Code	
d. Type	

## 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.

Ted Kaplan

Printed Name of Signer

[Signature]

Signature of Appointed Treasurer

3-08-06

Date



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**Confidential**

**Certification of Financial Account Information**

**FILED BY:**

Committee Name: TED KAPLAN For Commissioner  
Treasurer Name: Jim Armentrout  
Treasurer Address: 3822 Reyna Way  
(include city, state, & zip) Winston-Salem N.C. 27106  
Treasurer Phone: 336-924-4166

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	BBT	Robinson Rd	[REDACTED]	1001
		W-S, N.C.		

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

3-08-06  
Date Signed

[Signature]  
Signature of Candidate or 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 or Treasurer



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**Certification of Threshold**

**FILED BY:**

Committee Name:

Kaplan For Commissioner

Treasurer Name:

Jim Armentrout

Treasurer Address:

3822 Ryan Way

(include city, state, & zip)

Windsor Salem, N.C. 27106

Treasurer Phone:

924-9166

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.

3-08-06

Date Signed

  
Signature