COPY



North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting

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

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:		
Candidate Name:	Rob Rescott	
Treasurer Name:	5924 Kenton De	
Treasurer Address:	Bob (TRey) Prescott	
(include city, state, & zip)	6924 Kenton DR	Ž
	Kernersville NC.	27284 6
Treasurer Phone:	836-971-4798	
I contifue that the above infer	rmation is correct and I as candidate appoint said treasurer to	

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. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

J. 30, 07

Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee

Amendment Yes ☐ No

This form must be accompanied by forms CRO-3100 and CRO-3500

LaCommittee Informations (1984)		A Company & Alexand	
a. Full Name		c. ID Number	
Bob PRESCUTTOR Ala	LERMAN COMMITTE	e	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
281 BirchRidge DR	- 	7/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	
RERNERSVIlle, NO.	./	July 19,2007 e. Phone Number	
~ / Z°	,	336-408-3574	
2. Candidates information	Candidate Primary Con		
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
Bob Prescot	074868		
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
281 Birchridge De Kernersville NO	Alberman	Krille	
27284		an, write "Nonpartisan" in [d] ffiliation.)	
Sallicensine and owner for the sale of the	4. Custodián of Books Infor	metion	
a: Full Name	a. Full Name		
Bob (TRey) PRESCO			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City,	State, and Zip Code)	
5924 Kenton PR Kerners ville NC. 27284			
	c. Phone Number d. Email A	ddress	
3X-408-3574 Aixbus Bob @ Adl. Coa			
	6 Account Information		
a Full Name	a. Financial Institution Full Name	Complete the Compl	
		· · · · · · · · · · · · · · · · · · ·	
b. Mailing Address (include City, State, and Zip Code)	b. Purpose	ni a ni	
		•	
c. Phone Number d. Email Address	c. Account Code d. Type		
C. I Holle Humbel G. Dinan Address	C. Account Code u. 13pc	<u></u>	
CERTIFICATION	N. Committee of the com		
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	at this report is complete, true	and correct.	
Bob Prescoll BU		al 3 07	
Printed Name of Signer Signature of Appointed Treasurer Date			



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Certification of Threshold

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$3,000 in the current election cycle

FILED BY:			
Committee Name:	Bob Presouth for Alderman Commiller		
Treasurer Name:	Bob (TRey) Prescutt		
Treasurer Address:	5234 Kenten DR		
(include city, state, & zip)	Kernersville NO. 27284		
Treasurer Phone:	336-971-4798		
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.			
Date Signed	Bol Dentil		

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.