



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: Myron W. Marion
Treasurer Name: Myron W. Marion
Treasurer Address: P.O. Box 2361
(include city, state, & zip) King, NC 27621

Treasurer Phone: 336-983-7804

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).

7/12/07
Date Signed

Myron W. Marion
Signature of Candidate

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

RECEIVED
2007 JUL 13 PM 2:13
FORSYTH COUNTY
BOARD OF ELECTIONS

Statement of Organization - Candidate Committee

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Amendment

☐ Yes

☒ No

Use this form to create a new or update an existing candidate committee

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

1. Committee Information			
a. Full Name		c. ID Number	
Committee to Re-Elect Myron W. Marion		7KYW2Z	
b. Mailing Address (Include City, State and Zip Code)		d. Date Organized	
P.O. Box 2361 King, NC 27021		7/6/07	
		e. Phone Number	
		336-983-7804	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
Myron W. Marion	7KYW2Z	Nonpartisan	
b. Mailing Address (Include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
P.O. Box 2361 King, NC 27021	Village Council	Tobaccoville	
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name	a. Full Name		
Myron W. Marion			
b. Mailing Address (Include City, State, and Zip Code)	b. Mailing Address (Include City, State, and Zip Code)		
P.O. Box 2361 King, NC 27021			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-983-7804	myron.marion@eds.com		
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name	a. Financial Institution Full Name		
	Southern Community Bank & Trust		
b. Mailing Address (Include City, State, and Zip Code)	b. Purpose		
	To hold/despend money for campaign cycle		
c. Phone Number	d. Email Address	c. Account Code	d. Type
		1	Checking
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.			
Myron W. Marion Printed Name of Signer		7/12/07 Date	
		Signature of Appointed Treasurer	



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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: Committee to Re-Elect Myron W. Marion
Treasurer Name: Myron W. Marion
Treasurer Address: P.O. Box 2361
(include city, state, & zip) King, NC 27021

Treasurer Phone: 336-983-7804

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.

7/12/07
Date Signed

Myron W. Marion
Signature

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



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Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

FILED BY:

Committee Name: Committee to Re-Elect Myron L. Marion
Treasurer Name: Myron L. Marion
Treasurer Address: P.O. Box 2361
(include city, state, & zip) King, NC 27021
Treasurer Phone: 336-983-7804

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 "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	Southern Community Bank	Country Club Rd, Winston-Salem	[REDACTED]	1

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

7/12/07
Date Signed

Myron L. Marion
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