



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: John Gladman
Treasurer Name: Sharon A. Mallay
Treasurer Address: 2630 Newland Dr.
(include city, state, & zip) Winston-Salem, NC 27107

Treasurer Phone: 336-406-3905

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).

3/7/2004

Date Signed

John C. Gladman
Signature of Candidate

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

FORSYTH COUNTY
BOARD OF ELECTIONS

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Statement of Organization - Candidate Committee

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		c. ID Number	
a. Full Name The Committee to Elect John Gladman		0CQ6ZL	
b. Mailing Address (include City, State and Zip Code) P.O. Box 1203 Winston-Salem, N.C. 27102-1203		d. Date Organized 3/14/08 2/27/08	
		e. Phone Number 336 354 7290	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name John Compton Gladman II		c. Candidate ID Number 0CQ6ZL	d. Party Affiliation DEM
b. Mailing Address (include City, State, and Zip Code) P.O. Box 1203 Winston-Salem, N.C. 27102-1203		e. Office Sought County Commissioner Dist. B (If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Sharon Annette Mallory		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 2630 Newland Dr. Winston-Salem, NC 27107		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 336-406-3905	d. Email Address Sharnthaword@yahoo.com	c. Phone Number	d. Email Address
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name Connie Temperance Arrington		a. Financial Institution Full Name Branch Banking and Trust	
b. Mailing Address (include City, State, and Zip Code) P.O. Box 1203 Winston-Salem, NC 27102-1203		b. Purpose	
c. Phone Number 336-414-5804	d. Email Address electgladman@gmail.com	c. Account Code 247	d. Type Basic Checking
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.			
Sharon A. Mallory Printed Name of Signer		Sharon A. Mallory Signature of Appointed Treasurer	
		3-5-08 Date	



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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: The Committee to Elect John Glavin
Treasurer Name: Sharon A. Malley
Treasurer Address: 2630 Newland Dr.
(include city, state, & zip) Winston-Salem, NC 27107
Treasurer Phone: _____

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 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	Branch Banking Trust	200 W 2nd St. W-S, N.C. 27101	[REDACTED]	247

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

03-05-08
Date Signed

Sharon A. Malley
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.)

03-05-08
Date Signed

Sharon A. Malley
Signature of Candidate or Treasurer