

COPY

Statement of Organization - Candidate Committee

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.

Amendment
☐ Yes ☒ No

1. Committee Information	
a. Full Name COMMITTEE TO ELECT RICHARD NORMAN	c. ID Number 9CQ3E9
b. Mailing Address (include City, State and Zip Code) 2071 MALLARD LAKES DRIVE WINSTON-SALEM, NC 27106	d. Date Organized 6/25/08
	e. Phone Number 336-499-6280

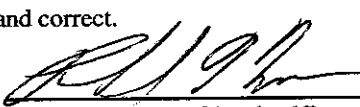
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee
a. Full Name RICHARD NOLAN NORMAN	c. Candidate ID Number 9CQ3E9	d. Party Affiliation LIBERTARIAN
b. Mailing Address (include City, State, and Zip Code) 2071 MALLARD LAKES DRIVE WINSTON-SALEM, NC 27106	e. Office Sought DIST B COUNTY COMMISSIONER	f. Jurisdiction
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)		

3. Treasurer Information		4. Custodian of Bank Information	
a. Full Name RICHARD NOLAN NORMAN	a. Full Name RICHARD NOLAN NORMAN	b. Mailing Address (include City, State, and Zip Code) 2071 MALLARD LK DR WINSTON-SALEM, NC 27106	b. Mailing Address (include City, State, and Zip Code) 2071 MALLARD LK DR WINSTON-SALEM, NC 27106
c. Phone Number 336-499-6280	d. Email Address CMTPROS@MINDSPRING.COM	c. Phone Number 336-499-6280	d. Email Address CMTPROS@MINDSPRING.COM

5. Assistant Treasurer Information		6. Account Information	
a. Full Name	a. Financial Institution Full Name SUNTRUST BANK	b. Purpose CAMPAIGN FUNDING CONTRIB/EXPENSES	
b. Mailing Address (include City, State, and Zip Code)	c. Account Code 1	d. Type CHECKING	
c. Phone Number	d. Email Address		

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.

RICHARD N. NORMAN  **6/29/08**
 Printed Name of Signer Signature of Appointed Treasurer Date

FORSYTH COUNTY

JUN 30 PM 1:23
RECEIVED

FORSYTH COUNTY
BOARD OF ELECTIONS



2000 JUN 30 PM 1:24

North Carolina

RECEIVED

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

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: COMMITTED TO ELECT RICHARD NORMAN
Treasurer Name: RICHARD NORMAN NORMAN
Treasurer Address: 2071 MALLARD LAKES DRIVE
(include city, state, & zip) WINSTON-SALEM, NC 27106
Treasurer Phone: 336-499-6280

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	SUNTRUST	REYNOLDA RD WINSTON-SALEM	[REDACTED]	1

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

6/29/08
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



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 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 ELECT RICHARD NORMAN

Treasurer Name: RICHARD NORMAN

Treasurer Address: 2071 MALLARD LAKES DRIVE

(include city, state, & zip) WINSTON-SALEM, NC 27106

Treasurer Phone: 336 499 6280

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.

6/29/08
Date Signed

[Signature]
Signature

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



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: RICHARD NOLAN NORMAN
Treasurer Name: RICHARD NOLAN NORMAN
Treasurer Address: 2071 MALLARD LAKES DRIVE
(include city, state, & zip) WINSTON-SALEM, NC 27106

Treasurer Phone: 336-499-6280

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).

6/29/08
Date Signed

[Signature]
Signature of Candidate

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