

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

Amendment ☐ No ☐ Yes

This form must be accompanied by forms CRO-3100 and CR	O-3500.			
1. Committee Information		· 1000000000000000000000000000000000000		
a. Full Name	THE STATE OF THE S	c. ID Number		
Committee to Elect HERRON	for Shefiff			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized		
Ableb SARDNI VIllALDE CLUR		4-27-2009		
WINSTON, Salem. NC 27127		e. Phone Number		
		336-785-2502		
2. Candidate Information	Candidate's Primary Comm	ittee		
a. Full Name	c. Candidate ID Number	d. Party Affiliation		
JERRY WAYNE HERRON		Denocess		
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction		
20 let SAPONI VILLAGE CT.	Sheriff	Goesth		
WINSTON-SALEM, NC FTIZT	(If office sought is nonpartisar			
	Party Affi			
3. Treasurer Information a. Full Name	4. Custodian of Books Inform	ation		
a. Full Name	a. Full Name			
ZERRY WAYNE HERRON	JERRY WAYN	15 1451 11 15 15		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, Sta			
Ableo SAPONI VIITALEE LT.	2010 SAPONI VIILAGE CI			
WINSTON SPALM, NC 27127 c. Phone Number d. Email Address	c. Phone Number d. Email Add	Will O Publ		
336785°2562 herrowx e AD. Com	336785-2502 Nesho	NXE ADLICOM		
5. Assistant Treasurer Information	6. Account Information (inc	cl. CRO-3500)		
a. For Name Remove	a. Financial Institution Full Name	Remove		
& >	BB 5 1			
b. Mailing Address (include City, State, and Zip Code)	b. Purpose			
B L	Contibutions	AMO		
	CAMPAILEN EX	Perses		
c. Phote Number d. Email Address	c. Account Code d. Type			
	Switio Ch	eckinle		
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.				
JERRY W. HERRON VILLE VI				
- Olgi	Trippolitica Ficasulci	Date		

CRO-2100A

FORSYTH COUNTY

NC State Board of Elections

December 2007





North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting

FILED BY:

FORSYTH COUNTY
DARD OF ELECTIONS

2009 APR 27 AM 9: 54

RECEIVED

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

Candidate Name:	JERRY WAYNE HERRON
Treasurer Name:	JERRY WAYNE HERRON
Treasurer Address:	2060 SAPONI VILLAGE COLLET
(include city, state, & zip)	WINSTON SPALEM, NC 27127
Treasurer Phone:	336-785-2502 OR 336-414-0473

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).

- 11- 2104 Date Signed

Signature of Candidate

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





FORSYTH COUNTY
DARD OF ELECTIONS

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North Carolina State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting

FILED BY:

Committee Name: Treasurer Name: Treasurer Address: (include city, state, & zip)

Treasurer Phone:

CRO-3500

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

August 2008

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

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 i	s presumed to have l	oeen waived.		
The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.					
Type of account	Financial Institution	Address		Account Number	Account Code
Checkine	8831	winston-So	dem inc		Jutio
			Λ		
By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided. Date Signed By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided. 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	of Candidate or Treasurer	

Certification of Financial Account Information



North Carolina

State Board of Elections
506 N Haggington Street

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting FORSYTH COUNTY
CARD OF ELECTIONS

2009 APR 27 AM 9: 55

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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:	Λ
Committee Name:	Committee to ELECT HERRON for Sheri
Treasurer Name:	JERRY WAYNE HERRON
Treasurer Address:	2060 SAPONI VILLAGE COURT
(include city, state, & zip)	WINSTON- SPALEM, NC 27127
Treasurer Phone:	336-785-2502 OR 336-414-0473
election cycle under the pro until the end of the election expenditures during this ele of elections and file required THIS DECLARATION CAL	nittee intends to neither receive nor expend more than \$3,000 during the current cedures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$3,000 in contributions or ction cycle, I understand that I must immediately notify the appropriate board I campaign finance reports. N ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. Certification to remain under the \$3000 threshold. I will now be required to
file the next scheduled repor	rt for all contributions and expenditures that have not been previously reported rrent election cycle. I further agree to file all future reports required.
H-21-2-04 Date Signed	LEMM W. Alen-
Note: This Certification is to	be filed at the Election Board where the committee's campaign reports are filed.

CRO-3600

Certification of Threshold

June 2007