

# 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 (when amending, only re-submit if applicable).

Amendment

☐ Yes

☐ No

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
Thompson for Commissioner			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
PO Box 222 Bethania, NC 27010		7-8-11	
		e. Phone Number	
		336-924-1557	
<b>2. Candidate Information</b>			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	
Deborah Stoltz Thompson			
b. Mailing Address (include City, State, and Zip Code)		f. Party Affiliation	
PO Box 222 Bethania NC 27010		Non-partisan (Indicate Non-partisan if applicable)	
g. Office Sought			
Commissioner			
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
336-924-1557		2011	Bethania
<input type="checkbox"/> Email copy of notices			
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
Deborah Stoltz Thompson			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
PO Box 222 Bethania NC 27010			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-924-1557			
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
		n/a	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<input type="checkbox"/> Email copy of notices			
<b>CERTIFICATION</b>			
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.			
Deborah Stoltz Thompson		Deborah Stoltz Thompson	
Printed Name of Signer		Signature of Appointed Treasurer	
		7-8-11	
		Date	

FORSYTH COUNTY  
 BOARD OF ELECTIONS

2011 JUL - 8 PM 1:45  
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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:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

Deborah Stoltz Thompson

Deborah Stoltz Thompson

PO Box 222

Bethonia NC 27010

336 924 1557

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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).

7-8-11

Date Signed

Deborah Stoltz Thompson  
Signature of Candidate

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



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**Certification of Threshold**

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, sanitary district board.

**FILED BY:**

Committee Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Thompson for Commissioner  
Deborah Stoltz Thompson  
PO Box 222  
Bethonia NC 27010

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FORSYTH COUNTY  
BOARD OF ELECTIONS

Treasurer Phone:

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$1,000 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 \$1,000 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 at or under the \$1,000 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.

7-8-11

Date Signed

Deborah Stoltz Thompson  
Signature

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