

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

1. Committee Information			
a. Full Name <u>John R. Best for Mayor</u>		c. ID Number <u>SCQ04M</u>	
b. Mailing Address (include City, State, and Zip Code) <u>6600 Village Brook Trail</u> <u>Clemmons, NC 27012</u>		d. Date Organized <u>7-6-11</u>	
		e. Phone Number <u>336 766 1911</u>	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name <u>Johnny Ray Best</u>		e. Candidate ID Number	
b. Mailing Address (include City, State, and Zip Code) <u>6600 Village Brook Trail</u> <u>Clemmons NC 27012</u>		f. Party Affiliation <u>Republican</u> <small>(Indicate Non-partisan if applicable)</small>	
c. Phone Number <u>336 766 1911</u>		g. Office Sought <u>Mayor</u>	
d. Email Address <u>mastercounsel@gmail.com</u>		h. Next Election Year <u>2011</u>	
<input type="checkbox"/> Email copy of notices		i. Jurisdiction <u>Clemmons/Forsyth Co.</u>	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name <u>Johnny Ray Best</u>		a. Full Name <u>Johnny Ray Best</u>	
b. Mailing Address (include City, State, and Zip Code) <u>Same</u>		b. Mailing Address (include City, State, and Zip Code) <u>Same</u>	
c. Phone Number <u>Same</u>		c. Phone Number <u>Same</u>	
d. Email Address <u>Same</u>		d. Email Address <u>Same</u>	
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		6. Account Information (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number		c. Account Code	
d. Email Address		d. Type	
<input type="checkbox"/> Email copy of notices			
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.			
<u>Johnny Ray Best</u> Printed Name of Signer		<u>Johnny Ray Best</u> Signature of Appointed Treasurer	
		<u>7-6-11</u> Date	

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BOARD 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

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:

John R Bost

John R Bost

6600 Village Brook Trail

Clemmons, NC 27012

336 766-1811

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).

7-6-11
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
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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, or sanitary district board.

FILED BY:

Committee Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

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.

7-6-11
Date Signed

Signature

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