

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		c. ID Number	
ELECT CLIFTON J. KILBY JR SHERIFF			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
1280 OLD BELT WAY RURAL HALL, NC 27045		6-9-11	
		e. Phone Number	
		839 969-1020	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
CLIFTON JULIUS KILBY JR			REPUBLICAN (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
3183 MOUNTAIN BROOK TR. WINSTON SALEM, NC 27105		SHERIFF	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
336 661-0231	CJKILBYJR@YAHOO.COM	2014	FORSYTH COUNTY
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
CLIFTON JULIUS KILBY JR		CLIFTON JULIUS KILBY JR	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
3183 MOUNTAIN BROOK TR. WINSTON-SALEM, NC 27105		3183 MOUNTAIN BROOK TR. WINSTON-SALEM, NC 27105	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336 661-0231	CJKILBYJR@YAHOO.COM	336 661-0231	CJKILBYJR@YAHOO.COM
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
		ALLEGANY FEDERAL CREDIT UNION	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		CAMPAIGN ACCOUNT	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		1	CHECKING
<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.			
CLIFTON JULIUS KILBY JR		6-10-11	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	

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:

CLIFTON JULIUS KILBY JR.

Treasurer Name:

CLIFTON JULIUS KILBY JR.

Treasurer Address:

3183 MOUNTAIN BROOK TR

(include city, state, & zip)

WINSTON-SALEM, NC 27105

Treasurer Phone:

(336) 661-0231

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).

6-10-11
Date Signed

Signature of Candidate

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

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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: ELECT CLIFTON J. KILBY JR, SHERIFF
Treasurer Name: CLIFTON JULIUS KILBY JR
Treasurer Address: 3183 MOUNTAINBROOK TR
(include city, state, & zip) WINSTON SALEM, NC 27105
Treasurer Phone: 036 664 0231

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.

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
CHECKING	ALLEGACY FEDERAL CREDIT UNION	4680 N. PATTERSON AVE WINSTON SALEM, NC 27105	[REDACTED]	1

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

6-10-11
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

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Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

Candidate Name: CLIFTON JULIUS KILBY JR.

Committee Name: ELECT CLIFTON J. KILBY JR. SHERIFF

Treasurer Name: CLIFTON JULIUS KILBY JR.

If Candidate is own treasurer, designate an agent to carry out designations: JOE BRIDGE JR

Committee ID #: _____

Level Registered: [State] [County] If county, specify: FORSYTH

I, CLIFTON JULIUS KILBY JR., hereby direct that in the event of my death or incapacity all
(Name of Candidate)
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>REPUBLICAN PARTY (FORSYTH)</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: [Signature]

Date: 6-10-11

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