

## Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee, Use this form to create a new or update an existing candidate committee,

This form must b	e accompanied by forms CRO-3100 and					
1. Committee In	formation	2012 HAR = 7 1	N TEL			
	Printing of the order of the order	4 888 65	c. ID Number			
McNEILL 2	<u> </u>	RECEIV	/ED			
b. Mailing Address (i	nclude City, State and Zip Code)	b		d. Date Organized		
1118 S. HA	AWTHORNE RD			2/29/12		
WINSTON	-SALEM, NC 27103			e. Phone Number		
		,		336-721-9150		
2. Candidate Info	ormation		X Candi	date's Primary Committee		
a. Fuil Name		e. Candidate ID Nun		f. Party Affiliation		
GAIL McNEILL				DEMOCRAT		
h Moiling Adduses (is	000 0 11		(Indicate Non-partican if applicable)			
	nclude City, State, and Zip Code)	g. Office Sought	g. Office Sought			
	1118 S HAWTHORNE RD WINSTON-SALEM, NC 27103		COUNTY COMMISSIONER - DISTRICT B			
c . Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction		
336-721-9150	gail@mcneill2012.com	2012	<u></u>	FORSYTH COUNTY		
Email copy of	notices	2012		TORST IN COUNTY		
3. Treasurer Info	mation	4. Custodian of Books Information				
a. Full Name		a. Full Name	a. Full Name			
JACK H. CAMPBELL, JR.		JACK H. CAI	JACK H. CAMPBELL, JR.			
b. Mailing Address (in	b. Mailing Address (include City, State, and Zip Code)					
1208 BROOKS	1208 BROOKSTOWN AVE					
WINSTON-SA	WINSTON-SA	WINSTON-SALEM, NC 27101				
. Phone Number	d. Email Address	c. Phone Number	d. Email Address			
336-722-8328	jcampbell@triad.rr.com	336-722-8328	jcamp	bell@triad.rr.com		
	e notices by email X Yes N	o LEmail copy o	☐ Email copy of notices			
. Assistant Treasu	4/1 <u> </u>	6. Account Information (incl. CRO-3500) Add				
. Full Name	Remove	a. Financial Institution Full Name				
		WELLS FARO	WELLS FARGO			
. Mailing Address (inc	lude City, State, and Zip Code)	b. Purpose	b. Purpose			
	CAMPAIGN EXPENSES			≣S		
Phone Number	d. Email Address	c. Account Code	d. Type			
		C-1	CHE	CKING		
Email copy of notices				2011110		
Chapter 163 of the	ommittee or Fund is in compliance with NC General Statutes and that no funds at this report is complete, true and correct	are commingled with	ons of Art prohibited	icle 22A, 22B & 22D-22M of d or other non-disclosed funds.		
	Campbell, Jr.	wh (ampbel	V	3-5-12		
Printed	gnature of Appointed Treas	urer	Date			



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:	GAIL McNEILL	60	20	
Treasurer Name:	JACK H. CAMPBELL, JR.	コ	<u></u>	- 1
Treasurer Address:	1208 BROOKSTOWN AVE		<del>- 5</del>	
(include city, state, & zip)	WINSTON-SALEM, NC 27101	M		
			ř	<u>-</u> } :
		O	<u></u>	<u>-</u> ₹
Treasurer Phone:	336-722-8328		<del>- 60</del> -	`

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).

3-5-12

Signature of Candidate

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