

# COPY

## Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

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).

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
Metcalf for Reelection		FCQ5GM	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
504 Knob View Dr Winston-Salem, NC 27104		3-4-14	
		e. Phone Number	
		336-768-2270	
<b>2. Candidate Information</b>			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		c. Candidate ID Number	f. Party Affiliation
Jeannie A. Metcalf		FCQ5GM	Rep
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
504 Knob View Dr Winston-Salem NC 27104		Board of Education	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
336-768-2270	MarcyLee-smom@yahoo.com	2014	District 2
<input checked="" type="checkbox"/> Email copy of notices			
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
Jeannie A Metcalf		Jeannie A Metcalf	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
504 Knob View Dr. Winston-Salem, NC 27104		504 Knob View Dr. Winston-Salem, NC 27104	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-768-2270	MarcyLee-smom@yahoo.com	336-768-2270	MarcyLee-smom@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	
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
		Wells Fargo	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Finance	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		Tarheel	Checking
<input type="checkbox"/> Email copy of notices			
<b>CERTIFICATION</b>			
<p>I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B &amp; 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds.</p> <p>I further certify that this report is complete, true and correct.</p>			
<u>Jeannie A. Metcalf</u> Printed Name of Signer		<u>Jeannie A. Metcalf</u> Signature of Appointed Treasurer	
		<u>3/4/14</u> Date	



FORSYTH COUNTY  
2014 MAR -4 PM 4:17

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North Carolina  
State Board of Elections  
441 N Harrington Street  
Raleigh, NC 27603

Kim Westbrook Strach  
Executive Director

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:

Jeannie A Metcalf

Treasurer Name:

Jeannie A Metcalf

Treasurer Address:

504 Knob View Dr.

(include city, state, & zip)

Winstn-Salem, NC 27104

Treasurer Phone:

336-768-2270

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).

3/4/2014  
Date Signed

Jeannie A Metcalf  
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, or sanitary district board.

**FILED BY:**

Committee Name: Metcalf for Reelection  
Treasurer Name: Jeannie A. Metcalf  
Treasurer Address: 504 Knob View Dr.  
(include city, state, & zip) Winston, Salem NC 27104  
  
Treasurer Phone: 336-768-2270

**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.

3) 4/14  
Date Signed

Jeannie A. Metcalf  
Signature

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



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Raleigh, NC 27611-7255  
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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: Jeannie A. Metcalf  
Committee Name: Metcalf for Re-election  
Treasurer Name: Jeannie A. Metcalf  
If Candidate is own treasurer, designate an agent to carry out designations: Doug Metcalf  
Committee ID #: FCQ5GM  
Level Registered: [State] [County] If county, specify: Forsyth

I, Jeannie A. Metcalf, 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>Forsyth County Republican Party</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: \_\_\_\_\_

Date: \_\_\_\_\_

Jeannie A. Metcalf  
3/4/14

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