

COPY

Statement of Organization - Candidate Committee

Amendment

☒ Yes☒ 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).

1. Committee Information					
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 Drive, Winston-Salem, NC 27104			3/4/2014		
			e. Phone Number		
			336-768-2270		
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
Jeannie A. Metcalf		FCQ5GM		Republican	
				(Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
504 Knob View Drive, Winston-Salem, NC 27103		Board of Education			
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
336-768-2270	MarcyleesmomWyahoo.com	2014		District 2	
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
Ralph Burroughs			Ralph Burroughs		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
P O Box 5964, Winston-Salem, NC 27113-5964			P O Box 5964, Winston-Salem, NC 27104		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
336-293-3929	sailngr8@aol.com	336-293-3929	sailngr8@aol.com		
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			6. Account Information (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name		
n/a			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					
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.					
RALPH BURROUGHS		<i>Ralph Burroughs</i>		4-14-14	
Printed Name of Signer		Signature of Appointed Treasurer		Date	

2014 APR 15 PM 3:03
 RECEIVED
 FORSYTH COUNTY
 REGISTRAR OF ELECTIONS



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

Kim Westbrook Strach
Executive Director

FORSYTH COUNTY
BOARD OF ELECTIONS
2014 APR 15 PM 3:36

RECEIVED

COPY

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

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: RALPH Burroughs
Treasurer Address: PO Box 5964
(include city, state, & zip) WINSTON-SALEM, NC 27113

Treasurer Phone: (336) 293-3929

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.

4/15/14
Date Signed

[Signature]
Signature

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



FORSYTH COUNTY
BOARD OF ELECTIONS

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

APR 15 PM 3:36

COPY

RECEIVED

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: Ralph Burroughs
Treasurer Address: PO Box 5964
(include city, state, & zip) WINSTON-SALEM, NC 27113-5964

Treasurer Phone: 336-293-3929

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).

X 4/15/14
Date Signed

X 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.