

Statement of Organization - Referendum Committee

Use this form to create a new or update an existing referendum committee.

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

Amendment

☐ Yes

☒ No

1. Committee Information

a. Full Name	c. ID Number
FORWARD TOGETHER WINSTON-SALEM	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
315 North Spruce Street, Suite 215 Winston-Salem, NC 27101	9/10/14
	e. Phone Number
	336-687-0193

2. Referendum Information

a. Full Name	b. Date of Referendum	c. Declaration
City of Winston-Salem Bonds (Street & Sidewalk, Public Safety Facilities, Parks & Recreation, Housing, and Economic Development)	11/4/14	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

3. Treasurer Information

a. Full Name	a. Full Name		
Jack H. Campbell Jr.	Jack H. Campbell, Jr.		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
1208 Brookstown Ave Winston-Salem, NC 27101	1208 Brookstown Ave Winston-Salem, NC 27101		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-687-0193	jackcampbell@triad.rr.com	336-687-0193	jackcampbell@triad.rr.com

I prefer to receive notices by email ☒ Yes ☐ No

☐ Email copy of notices

5. Assistant Treasurer Information

a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
(none)	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of notices	

6. Account Information (incl. CRO-3500)


a. Financial Institution Full Name	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
NewBridge Bank	
b. Purpose	
depositing donations and paying expenses	
c. Account Code	d. Type
C-1	checking

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.

Jack H. Campbell Jr.

Printed Name of Signer



Signature of Appointed Treasurer

9/19/14

Date

Disclosure Report Cover

Amendment

☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information		FORSYTH COUNTY BOARD OF ELECTIONS	
a. Full Name FORWARD TOGETHER WINSTON-SALEM		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 315 NORTH SPRUCE STREET, SUITE 215 WINSTON-SALEM, NC 27101		d. Date Filed 09/19/2014	
		e. Phone Number	

2. Report Year 2014	3. Period Start Date (mm/dd/yy) 09/10/2014	4. Period End Date (mm/dd/yy) 09/19/2014	5. Treasurer Full Name JACK H CAMPBELL JR
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input checked="" type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
7. Type of Fund (if applicable check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
8. Number of Fundraisers this Report 0		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
		10. Special Report Name	

3. Account Information		3. Account Information	
a. Financial Institution Full Name NEWBRIDGE BANK		a. Financial Institution Full Name	
b. Purpose DEPOSITING DONATIONS AND PAYING EXPENSES	c. Account Code C-1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 0.00		d. Period Begin Balance \$

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 and that I have been trained by the NC State Board

Jack H. Campbell, Jr.
Printed Name of Signer

Jack Campbell
Signature of Appointed Treasurer

09/19/2014
Date

FOR OFFICE USE ONLY

Date Received: 9-19-14

Employee

Date Postmarked:

Employee

Date Scanned:

Employee

Date Data Entered:

Employee

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed

☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
FORWARD TOGETHER WINSTON-SALEM		2014 Organizational			
Start of Election Cycle: January 1, 2014			Total this Reporting Period		Total this Election Cycle
4. Cash on Hand at Start			\$ 0.00		\$ 0.00
RECEIPTS					
5. Aggregated Contributions from Individuals (CRO-1205)		\$ 50.00		\$ 50.00	
6. Contributions from Individuals (CRO-1210)		\$ 0.00		\$ 0.00	
7. Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8. Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9. Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
10. Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11. Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 50.00		\$ 50.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0.00		\$ 0.00	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 0.00		\$ 0.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 50.00		\$ 50.00	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 0.00	

Aggregated Contributions from IndividualsPage 1 of 1

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FORWARD TOGETHER WINSTON-SALEM						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	C-1	Check		09/17/2014	\$ 50.00	
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 50.00	
5. Total of ALL CRO-1205 Pages					\$ 50.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

CRO-1205

NC State Board of Elections

April 2007