

# 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

<b>1. Committee Information</b>					
a. Full Name BOB STITCHER FOR COUNTY COMMISSIONER				c. ID Number 8CQ71K	
b. Mailing Address (include City, State and Zip Code) PO BOX 21102 WINSTON-SALEM, NC 27120				d. Date Organized 12/21/2015	
				e. Phone Number (336) 682-3696	
<b>2. Candidate Information</b>					
<input type="checkbox"/> Candidate's Primary Committee					
a. Full Name BOB STITCHER			e. Candidate ID Number 8CQ71K		f. Party Affiliation DEMOCRAT (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code) PO BOX 21102 WINSTON-SALEM, NC 27120			g. Office Sought FORSYTH COUNTY COMMISSIONER		
c. Phone Number 336-682-3696		d. Email Address stitcherforforsyth@gmail.com		h. Next Election Year 2016	
<input type="checkbox"/> Email copy of notices				i. Jurisdiction	
<b>3. Treasurer Information</b>			<b>4. Custodian of Books Information</b>		
a. Full Name BOB STITCHER			a. Full Name BOB STITCHER		
b. Mailing Address (include City, State, and Zip Code) PO BOX 21102 WINSTON-SALEM, NC 27120			b. Mailing Address (include City, State, and Zip Code) PO BOX 21102 WINSTON-SALEM, NC 27120		
c. Phone Number 336-682-3696		d. Email Address stitcherforforsyth@gmail.com		c. Phone Number 336-682-3696	
				d. Email Address stitcherforforsyth@gmail.com	
I prefer to receive notices by email <input 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 BRANCH BANKING & TRUST (BB&T)		<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)			b. Purpose Checking Account for Committee		
c. Phone Number		d. Email Address		c. Account Code 1	d. Type Checking
<input type="checkbox"/> Email copy of notices					
<b>CERTIFICATION</b>					
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.					
BOB STITCHER Printed Name of Signer			[Signature] Signature of Appointed Treasurer		1/4/2016 Date



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

**Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

**FILED BY:**

Candidate Name: BOB STITCHER  
Treasurer Name: BOB STITCHER  
Treasurer Address: PO BOX 21102  
(include city, state, & zip) WINSTON-SALEM, NC 27120  
  
Treasurer Phone: 336-682-3696

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).

1/4/2016  
Date Signed

[Signature]  
Signature of Candidate



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

**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.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

**FILED BY:**

Committee Name: BOB STITCHER FOR COUNTY COMMISSIONER

Treasurer Name: BOB STITCHER

Treasurer Address: PO BOX 21102

(include city, state, & zip) WINSTON-SALEM, NC 27120

Treasurer Phone: (336) 682-3696

**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.

1/4/2016  
Date Signed

[Signature]  
Signature