

Statement of Organization - Referendum Committee

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

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)

1. Committee Information			
a. Full Name		c. ID Number	
WINSTON-SALEM BONDS COMMITTEE			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
2008 FACULTY DR WINSTON-SALEM, NC 27106		7-6-18	
		e. Phone Number	
		336-408-1918	
2. Referendum Information			
a. Full Name		b. Date of Referendum	c. Declaration
CITY/COUNTY REFERENDUMS		11-6-18	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
GAYLE ANDERSON			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
2008 FACULTY DR WINSTON-SALEM NC 27106			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-408-1918	gayle5088@gmail.com		
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
MARK DUNNAGAN		BOAT	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
2840 FAIRMONT RD WINSTON-SALEM NC 27106		COMMITTEE	
c. Phone Number	d. Email Address	c. Account Code	d. Type
336-724-5528	mdunnagan@fblm.com	WSBC 2018	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.			
GAYLE ANDERSON		9/26/18	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	

CRO-2100E

NC State Board of Elections

July 2014



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: WINSTON-SALEM BONUS COMMITTEE

Treasurer Name: GAYLE ANDERSON

Treasurer Address: 2008 FACULTY DR

(include city, state, & zip) WINSTON-SALEM NC 27106

Treasurer Phone: 336-408-1918

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.

9/26/18
Date Signed

Gale Anderson
Signature



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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: WINSTON-SALEM BONDS COMMITTEE

Treasurer Name: GAYLE ANDERSON

Treasurer Address: 2008 FACULTY DR

(include city, state, & zip) WINSTON-SALEM NC 27106

Treasurer Phone: 336-408-1918

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).

9/26/18

Date Signed

Signature of Candidate