Statement of Organization - Candidate Committee

Is t	his sta	atem	ent:	
\square	New		Amended	

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

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Infor	mation		a must be				
a. Name of Committee			d. ID Number				
GLORIA D. WHIS	ENHUNT FOR COUNTY COMMISSI	ONER					
b. Mailing Address (inc			e. Date Organized				
456 N. HAWTHOI	RNE ROAD						
c. Committee Website (-		f. Phone Number				
	_	336-725-1072					
2. Candidate Infor	mation management and the management		ALC: NO.				
a. Full Name		e. Party Affiliation					
GLORIA D. WHISENHUNT		REPUBLICAN					
b. Mailing Address (inc	lude City, State, and Zip Code)	f. Office Sought					
456 N. HAWTHORNE ROAD WINSTON-SALEM, NC 27104		COUNTY COMMISSIONER					
c . Phone Number	d. Email Address	g. Next Election Year		h. Jurisdiction			
336-725-1072	whisenhuntg@aol.com	2020		DIST-B			
☐ Email copy of re		2020		BIO B			
3. Treasurer Inform	nation	4. Assistant Treasu	ormation				
a. Full Name		a. Full Name					
GLORIA D. WHIS	ENHUNT	I					
b. Mailing Address (incl	ude City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)					
456 N. HAWTHORNE ROAD WINSTON-SALEM, NC 27104							
c. Phone Number	d. Email Address	c. Phone Number	d. Emait.	Address			
336-725-1072	whisenhuntg@aol.com						
Send report no	tices by email Yes No	☐ Email copy of re	eport not	tices			
	oks Information (Keeper of Records)	6. Account Information (incl. CRO-3500)					
a. Full Name		a. Financial Institution	Full Nam	ie			
GLORIA D. WHIS				- Ja			
b. Mailing Address (incl	iude City, State, and Zip Code)			0.0			
456 N. HAWTHORNE ROAD							
WINSTON-SALE				M 9 -1			
c. Phone Number	d. Email Address	b. Account Code	c. Type	< B 76			
336-725-1072	whisenhuntg@aol.com						
Email copy of re	eport notices						
General Statutes ar this report is comp	ommittee is in compliance with all applicant that no funds are commingled with product, true and correct. Name of Treasurer Name of Treasurer	-	disclosed	-			
	ormation above is correct, and I, as the callities imposed upon the appointed treasural Statutes.						
Printed	Signature of Candidate	Date					

DEC 19 AMILI

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.

GLORIA D. WHISENHUNT FOR COUNTY COMMISSIONER Committee Name: GLORIA D. WHISENHUNT Treasurer Name: 456 N. HAWTHORNE ROAD Treasurer Address: WINSTON-SALEM, NC (include city, state, & zip) 336-725-1072 Treasurer Phone: 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. her dece

FILED BY:



Certification to Return to Active Status

This Certification is used by Candidate, Party, PACs and Referendum Committees which have previously filed the Certification of Inactive Status and now wish to return to an active status.

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

FILED BY:		m	338			
Committee Name:	GLORIA D. WHISENHUNT FOR COUNTY COMMISSIONER		0			
Treasurer Name:	GLORIA D. WHISENHUNT		The			
Treasurer Address:	456 N. HAWTHORNE ROAD					
(include city, state, & zip)	WINSTON-SALEM, NC 27104		44			
Treasurer Phone:	336-725-1072					

I certify that the above named candidate/political committee, which has been of **inactive status** and exempt from filing disclosure reports, intends to accept contributions and/or make expenditures. This intention of activity alters the status of the above named candidate/political committee to active status and requires such committee to begin filing disclosure on the appropriate schedule. All contributions received and/or expenditures made that have not been previously reported will be disclosed on the next scheduled report and all subsequent reports will be filed as scheduled. An amended Statement of Organization (CRO-2100 A-G) must accompany this form.

2-/19/19 Date Signed

Signature