

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 Committee for Forsyth Teachers		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 330 Conrad Rd. Lewisville, NC 27023		d. Date Organized 12/9/2019	
		e. Phone Number 3369455538	
2. Referendum Information			
a. Full Name Forsyth County Local Sales and Use tax		b. Date of Referendum March 3, 2020	c. Declaration <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Rebecca Lynn Spillman		a. Full Name Rebecca Lynn Spillman	
b. Mailing Address (include City, State, and Zip Code) 330 Conrad Rd. Lewisville, NC 27023		b. Mailing Address (include City, State, and Zip Code) 330 Conrad Rd Lewisville, NC 27023	
c. Phone Number 3369455538	d. Email Address lthrower@triad.rr.com	c. Phone Number 3369455538	d. Email Address lthrower@triad.rr.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 <input type="checkbox"/> Add <input type="checkbox"/> Remove		a. Financial Institution Full Name Allegacy Federal Credit Union	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Bank Account	
c. Phone Number	d. Email Address	c. Account Code CFT 2020	d. Type 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.			
R. Lynn Spillman Printed Name of Signer		R. Lynn Spillman Signature of Appointed Treasurer	
		12/11/19 Date	



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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:

Committee for Forsyth Teachers

Treasurer Name:

R. Lynn Spillman

Treasurer Address:

330 Conrad Rd

(include city, state, & zip)

Lewisville, NC 27023

Treasurer Phone:

336-945-5538

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).

12/11/19

Date Signed

R. Lynn Spillman

Signature of Candidate