

# Statement of Organization - Candidate Committee

Amendment

☐ Yes

☐ No

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).

## 1. Committee Information

a. Full Name	c. ID Number
Committee to Elect Tim Flinchum	JCQ 64Q
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
7206 Broad Street Rural Hall NC 27045	7-5-19
	e. Phone Number
	336-403-2191

## 2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Timothy Matthew Flinchum	JCQ 64Q	non-Partisan (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
7206 Broad Street Rural Hall NC 27045	Rural Hall Mayor	
c. Phone Number	d. Email Address	h. Next Election Year
336-403-2191	FlinchumRealEstate@outlook.com	2019
<input checked="" type="checkbox"/> Email copy of notices		i. Jurisdiction
		Rural Hall

## 3. Treasurer Information

a. Full Name
Timothy Matthew Flinchum
b. Mailing Address (include City, State, and Zip Code)
7206 Broad Street Rural Hall NC 27045
c. Phone Number
336-403-2191
d. Email Address
FlinchumRealEstate@outlook.com

## 4. Custodian of Books Information

a. Full Name
Timothy Matthew Flinchum
b. Mailing Address (include City, State, and Zip Code)
7206 Broad Street Rural Hall NC 27045
c. Phone Number
336-403-2191
d. Email Address
FlinchumRealEstate@outlook.com

I prefer to receive notices by email ☐ Yes ☐ No

☐ Email copy of notices

## 5. Assistant Treasurer Information

a. Full Name
b. Mailing Address (include City, State, and Zip Code)
c. Phone Number
d. Email Address

☐ Email copy of notices

## 6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
First Citizens Bank	
b. Purpose	
Deposit and spend campaign funds.	
c. Account Code	d. Type
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.

Timothy Matthew Flinchum  
Printed Name of Signer

*Timothy Matthew Flinchum*  
Signature of Appointed Treasurer

7-5-19  
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 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: Committee to Elect Tim Flinchum  
Treasurer Name: Timothy Matthew Flinchum  
Treasurer Address: 7206 Broad Street  
(include city, state, & zip) Rural Hall NC 27045  
  
  
Treasurer Phone: 336-403-2191

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.

7-5-19

Date Signed

Timothy Matthew Flinchum

Signature



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: Timothy Matthew Flinchum  
Treasurer Name: Timothy Matthew Flinchum  
Treasurer Address: 7206 Broad Street  
(include city, state, & zip) Rural Hall NC 27045  
  
Treasurer Phone: 336-403-2191

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).

7-5-19

Date Signed

Timothy Matthew Flinchum  
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

### Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

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

Candidate Name: Timothy Matthew Flinchum

Committee Name: Committee to Elect Tim Flinchum

Treasurer Name: Timothy Matthew Flinchum

If Candidate is own treasurer, designate an agent to carry out designations: Karen Flinchum

Committee ID #: JCQ64 Q

Level Registered: [State] [County] If county, specify: Forsyth County

I, Timothy Matthew Flinchum, hereby direct that in the event of my death or incapacity all  
(Name of Candidate)

funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Forsyth County Republican Party</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: Timothy Matthew Flinchum

Date: 7-5-19