

Statement of Organization - Candidate Committee

Is this statement:





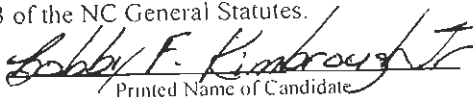
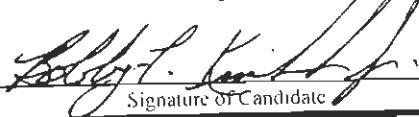
New



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 Information			
a. Name of Committee RE-ELECT SHERIFF BOBBY KIMBROUGH		d. ID Number	
b. Mailing Address (include City, State and Zip Code) 7880 BROAD ST., RURAL HALL, NC 27045		e. Date Organized 9/14/2021	
c. Committee Website (Optional)		f. Phone Number 336/865-9085	
2. Candidate Information			
a. Full Name BOBBY FRANKLIN KIMBROUGH, JR.		e. Party Affiliation DEMOCRAT	
b. Mailing Address (include City, State, and Zip Code) 2145 CHERRYWOOD DR., CLEMMONS, NC 27012		f. Office Sought SHERIFF OF FORSYTH COUNTY	
c. Phone Number 336/865-9085	d. Email Address jt@kimbrough2022.org	g. Next Election Year 2022	h. Jurisdiction FORSYTH COUNTY
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name JONATHAN T. "JT" SMALL		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 1078 W 4 th ST., WINSTON-SALEM, NC 27101		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number 336/408-6956	d. Email Address jtsmall@cjsmallatt.com	c. Phone Number	d. Email Address
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3300)	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			
<p>I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.</p> <p>   </p> <p> Printed Name of Treasurer: JT Small Signature of Appointed Treasurer: Date: 9/23/21 </p> <p> I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes. </p> <p>   </p> <p> Printed Name of Candidate: Bobby F. Kimbrough Jr. Signature of Candidate: Date: 9/23/21 </p>			



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: BOBBY F. KIMBROUGH, JR.

Treasurer Name: JONATHAN T. "JT" SMALL

Treasurer Address: 1078 W. 4th ST.

(include city, state, & zip) WINSTON-SALEM, NC 27101

Treasurer Phone: 336/408-6956

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).

9/23/21
Date Signed

Bobby F. Kimbrough, Jr.
Signature of Candidate