

Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" type="checkbox"/> 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		d. ID Number	
ELROD COMMITTEE		8CQIU1	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
1004 GLEN DAY DRIVE CLEMMONS, NC 27012		2/24/22	
c. Committee Website (Optional)		f. Phone Number	
		336-778-1803	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
STANLEY MICHAEL ELROD		REPUBLICAN	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1064 GLEN DAY DRIVE CLEMMONS, NC, 27012		FORSYTH COUNTY BOARD OF EDUCATION DISTRICT 02	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-778-1803	SME@SASMGLEN.CC.NC	2022	DISTRICT 02
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
STANLEY MICHAEL ELROD		MARK HOLCOMB REECE, JR	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
1064 GLEN DAY DRIVE CLEMMONS, NC 27012		2720 WINDSOR Rd. WINSTON-SALEM NC 27104	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-788-1803	SME@SASMGLEN.CC.NC	336-354-7645	MREECEJR21@GMAIL.COM
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
MARK HOLCOMB REECE, JR		TRUST	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
2720 WINDSOR Rd WINSTON-SALEM NC 27104		ELROD 09	
c. Phone Number	d. Email Address	c. Type	
336-354-7645	MREECEJR21@GMAIL.COM	CHECKING	
<input checked="" 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> <u>STANLEY MICHAEL ELROD</u> <u>Stanley Michael Elrod</u> <u>4/25/2022</u> Printed Name of Treasurer Signature of Appointed Treasurer Date </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> <u>STANLEY MICHAEL ELROD</u> <u>Stanley Michael Elrod</u> <u>4/25/2022</u> Printed Name of Candidate Signature of Candidate Date </p>			

