

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	d. ID Number
ELROD COMMITTEE	8CPIU1
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
1004 GLEN DAY DRIVE CLEMMONS, NC, 27012	FORSYTH COUNTY BOARD OF EDUCATION DISTRICT 02
c. Phone Number	g. Next Election Year
336-778-1803	2022
d. Email Address	h. Jurisdiction
SME@SASMGLEN.CC.NET	DISTRICT 02
<input checked="" type="checkbox"/> Email copy of report notices	

3. Treasurer Information

a. Full Name	4. Assistant Treasurer Information
STANLEY MICHAEL ELROD	a. Full Name
b. Mailing Address (include City, State, and Zip Code)	MARK HOLCOMB REECE, JR
1004 GLEN DAY DRIVE CLEMMONS, NC 27012	b. Mailing Address (include City, State and Zip Code)
c. Phone Number	2720 WINDSOR RD. WINSTON-SALEM NC 27104
336-788-1803	d. Email Address
SME@SASMGLEN.CC.NET	336-354-7645
<input type="checkbox"/> 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)

a. Full Name	6. Account Information (incl. CRO-3500)
MARK HOLCOMB REECE, JR.	a. Financial Institution Full Name
b. Mailing Address (include City, State, and Zip Code)	TRUST
2720 WINDSOR RD WINSTON-SALEM NC 27104	b. Account Code
c. Phone Number	c. Type
336-354-7645	ELROD 09
d. Email Address	CHECKING
MREECEJR21@GMAIL.COM	
<input checked="" type="checkbox"/> Email copy of report notices	

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.

STANLEY MICHAEL ELROD
Printed Name of Treasurer

Stanley M. Elrod
Signature of Appointed Treasurer

4/25/2022
Date

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.

STANLEY MICHAEL ELROD
Printed Name of Candidate

Stanley M. Elrod
Signature of Candidate

4/25/2022
Date