

# 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

Committee to elect HERB BURNS

d. ID Number

8CQ05W

b. Mailing Address (include City, State and Zip Code)

4718 LEINBACH DR WINSTON-SALEM, NC 27106

e. Date Organized

12/2023

c. Committee Website (Optional)

f. Phone Number

336 922 7280

## 2. Candidate Information

a. Full Name

HERBERT I. BURNS JR

e. Party Affiliation

REPUBLICAN

b. Mailing Address (include City, State, and Zip Code)

4718 LEINBACH DR

f. Office Sought

CITY COUNCIL NORTHWEST WARD

c. Phone Number

336 922 7280

d. Email Address

VOTEBURNS@MAIL.COM

g. Next Election Year

2024

h. Jurisdiction

WINSTON-SALEM  
NORTHWEST WARD

☒ Email copy of report notices

## 3. Treasurer Information

a. Full Name

Robert D Killmeier

## 4. Assistant Treasurer Information

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

2700 Tudor Rd  
Winston-Salem NC 27106

b. Mailing Address (include City, State and Zip Code)

c. Phone Number

336 970-0293

d. Email Address

bob.killmeier@red-web.com

c. Phone Number

d. Email Address

Send report notices by email ☒ Yes ☐ No

☐ Email copy of report notices

## 5. Custodian of Books Information (Keeper of Records)

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

☐ Email copy of report notices

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

a. Financial Institution Full Name

b. Account Code

c. Type

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.

Robert D. Killmeier

Printed Name of Treasurer

Robert D. Killmeier

Signature of Appointed Treasurer

12/5/23

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.

Herbert I Burns Jr.

Printed Name of Candidate

Herbert I Burns Jr.

Signature of Candidate

12/5/23

Date



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### 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 Herb Burns

Treasurer Name: Robert D. Killmeier

Treasurer Address: 2706 Tudor Rd

(include city, state, & zip) Winston-Salem NC 27106

Treasurer Phone: 336 970-0293

#### 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.

12-5-23

Date Signed

Robert D. Killmeier

Signature



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### 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: Herbert I Burns Jr

Committee Name: Committee to Elect Herb Burns

Treasurer Name: Robert D. Killiney

If Candidate is own treasurer, designate an agent to carry out designations: \_\_\_\_\_

Committee ID #: 8CQ0JW

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

I, Herbert I Burns Jr, 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>TRIAD Success Partners</u>	<u>50%</u>
2. <u>Gideons International</u>	<u>50%</u>
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: Herbert I Burns Jr

Date: 12/5/23