

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
Committee to elect HERB BURNS	8CQ05W
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
4718 LEINBACH DR WINSTON-SALEM, NC 27106	12/2023
c. Committee Website (Optional)	f. Phone Number
	336 922 7280

2. Candidate Information

a. Full Name	e. Party Affiliation
HERBERT I. BURNS JR	REPUBLICAN
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
4718 LEINBACH DR	CITY COUNCIL NORTHWEST WARD
c. Phone Number	d. Email Address
336 922 7280	VOTE.BURNS@MAIL.COM
<input checked="" type="checkbox"/> Email copy of report notices	g. Next Election Year
	2024
	h. Jurisdiction
	WINSTON-SALEM NORTHWEST WARD

3. Treasurer Information

a. Full Name	4. Assistant Treasurer Information
Robert D Killmeier	a. Full Name
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)
2700 Tudor Rd Winston-Salem NC 27106	
c. Phone Number	d. Email Address
336 970-0293	bob.killmeier@redweb.com
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)

a. Full Name	6. Account Information (incl. CRO-3500)
	a. Financial Institution Full Name
b. Mailing Address (include City, State, and Zip Code)	TRUIST BANK
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of report notices	b. Account Code
	VHB24
	c. Type
	CHECKING

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