

# Statement of Organization

1. Name of Committee <i>Elect Jim Bob Campbell Sheriff of Forsyth Co</i>						7. Date <i>03-01-02</i>
2. Address of Committee <i>1304 E. 2nd St.</i>						8. ID Number
3. City <i>Winston Salem</i>	4. State <i>NC</i>	5. Zip <i>27101</i>	6. Phone <i>336-724-9593</i>	9. Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Type of Committee (Check one and complete the respective information required below.)

10. Candidate Committee  Primary Candidate Committee  
*(If office sought is nonpartisan, write "Nonpartisan" in (d) Party Affiliation.)*

a. Name of Candidate <i>Jim Bob Campbell</i>	b. Candidate ID Number	c. Office <i>Sheriff</i>	d. Party Affiliation <i>Democrat</i>	e. Dist/Cty/Mun <i>Forsyth</i>
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11. Joint Candidate Committee or Fundraiser  Primary Candidate Committee

a. If Fundraiser, Name of Event		b. If Fundraiser, Event Location		
c. Candidate Names	d. Candidate ID Number	e. Office	f. Party Affiliation	g. Share of Profits %

12. Party Committee b. Party  
*Democratic*

a. Type (Check one) <input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Subordinate
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13. General Political Committee

a. Category (Check one)

<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Conservative/Liberal	<input type="checkbox"/> Health	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Trade
<input type="checkbox"/> Building/Real Estate	<input type="checkbox"/> Environment	<input type="checkbox"/> Insurance	<input type="checkbox"/> Minority	<input type="checkbox"/> Utilities
<input type="checkbox"/> Religious	<input type="checkbox"/> Get Out the Vote	<input type="checkbox"/> Legal	<input type="checkbox"/> Information Tech/Telecommunications	<input type="checkbox"/> Other:
<input type="checkbox"/> Political Party not part of the Party Plan of Organization				

b. Type (Check one)  
 Parent Entity  Political Purpose

c. Definition of Type  
*Candidate for Sheriff*

d. Member Definition  
*Committee support Election of Jim Bob Campbell for Sheriff*

Connected Organization or Affiliated Committee

e. Name	f. Mailing Address (include city, state, & zip)	g. Relationship

14. Referendum Committee

a. Name of Referendum	b. Referendum Date	c. Declaration (Check one) <input type="checkbox"/> Support <input type="checkbox"/> Oppose
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# Statement of Organization

## 15. Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
JAMES R. Campbell	1304 E 2ND ST	Winston Salem	NC	27101	336-724-9593
g. Email Address					

## 16. Assistant Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
g. Email Address					

## 17. Custodian of Books Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
g. Email Address					

## 18. Bank/Depository/Credit Account Information

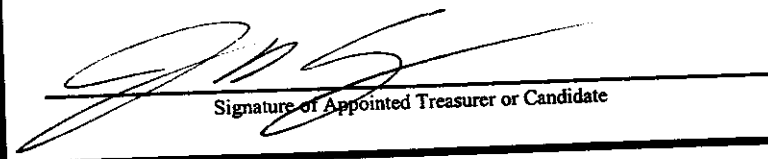
a. Name	b. Address	c. City	d. State	e. Zip	f. Acct Type & Number
MECHANICS and FARMERS BANK	770 MARTIN LUTHER KING DRIVE	WINSTON-SALEM	NC	27101	CHECKING
g. Purpose					
Campaign Funds use to Elect Jim Bob Campbell Sheriff					
g. Purpose					

## 19. Certification of Threshold *(for Candidate and Party Committees Only)*

- I certify that this committee intends to neither receive nor expend more than \$3,000 during the campaign under the procedures set forth in G.S. 163-278.10A. This certification will remain until the end of the election cycle for this committee. I further understand that should the above circumstances change at any time during the election cycle, it will be necessary for the person responsible for filing financial reports to immediately notify the appropriate Board of Elections Campaign Reporting Office and to commence filing campaign reports with the next scheduled report; such report to include all funds received and spent since the beginning of the committee's current election cycle. By checking this box, I am not required to file an organizational report.
- I am amending this Statement of Organization to withdraw my Certification to remain under the \$3000 threshold. I will now be required to file a report of all contributions and expenditures from the beginning of the election cycle that have not been previously reported. This report will be referred to as a "Threshold Report". I further agree to file all future reports required.

## CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

  
 Signature of Appointed Treasurer or Candidate

3-1-2  
 Date



North Carolina  
 State Board of Elections  
 506 N Harrington Street  
 Raleigh, NC 27603

Kimberly Westbrook  
 Deputy Director - Campaign Reporting

Mailing Address  
 PO Box 27255  
 Raleigh, NC 27611-7255  
 (919) 733-7173  
 Fax: (919) 715-8047

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 STATE BOARD OF ELECTIONS

### Certification of Treasurer

**FILED BY:**

Candidate Name:

JAMES R. Campbell / Jim Bob Campbell

Treasurer Name:

JAMES R. Campbell

Treasurer Address:

1304 E 2nd St  
WINSTON Salem NC 27101

(include city, state, & zip)

Treasurer Phone:

336-724-9593

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.

03-01-02

Date Signed

  
 Signature of Candidate