

# COPY

## Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

Amendment

☐ Yes

☐ No

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
Paul McElroy Committee		XCQIM4	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. Box 195 Bethania, NC 27010		7/16/13	
		e. Phone Number	
		336-922-6645	
<b>2. Candidate Information</b>			
<input type="checkbox"/> Candidate Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Paul L. McElroy Jr		XCQIM4	(Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
PO Box 195 Bethania, NC 27010		Bethania Commissioner	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
336-922-6645	plmcelroy2@gmail.com		
<input checked="" type="checkbox"/> Email copy of notices			
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
Paul L. McElroy Jr			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
PO Box 195 Bethania, NC 27010			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-922-6645	plmcelroy2@gmail.com		
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
		None	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<input type="checkbox"/> Email copy of notices			
<b>CERTIFICATION</b>			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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.			
Paul L. McElroy Jr		7/16/13	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	



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

FORSYTH COUNTY  
ELECTIONS  
2013 JUL 16 PM 4:01  
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Kim Westbrook Strach  
Executive Director

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

### Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

#### FILED BY:

Candidate Name:

Paul L McElroy

Treasurer Name:

Paul L McElroy

Treasurer Address:

PO Box 195

(include city, state, & zip)

Bethania, NC 27010

Treasurer Phone:

336-922-6645

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. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

7/16/13  
Date Signed

[Signature]  
Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



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### 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.

#### FILED BY:

Committee Name: Paul McElroy Committee  
Treasurer Name: Paul H McElroy  
Treasurer Address: PO Box 195  
(include city, state, & zip) Bethania, NC 27010  
  
Treasurer Phone: 336-922-6645

#### 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.

7/16/13  
Date Signed

[Signature]  
Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.