

# COPY

## Statement of Organization - Candidate Committee

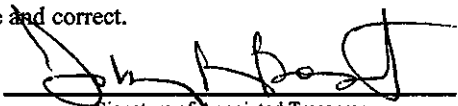
Use this form to create a new or update an existing candidate committee.

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

Amendment

☐ Yes

☐ No

| 1. Committee Information  |                         |  |  |                        |  |
|---|-------------------------|--|--|------------------------|--|
| a. Full Name  |                         |  |  | c. ID Number           |  |
| Bost For Mayor  |                         |  |  | ICQPU1                 |  |
| b. Mailing Address (include City, State and Zip Code)   |                         |  |  | d. Date Organized      |  |
| 6600 Village Brook Trail<br>Clemmons, NC 27012  |                         |  |  | 7-18-13                |  |
|   |                         |  |  | e. Phone Number        |  |
|   |                         |  |  | 3364072994             |  |
| 2. Candidate Information  |                         |  |  |                        |  |
| a. Full Name  |                         |  |  | e. Candidate ID Number | f. Party Affiliation   |
| Johnny R. Bost  |                         |  |  | ICQPU1                 | Republican<br><small>(Indicate Non-partisan if applicable)</small> |
| b. Mailing Address (include City, State, and Zip Code)  |                         |  |  | g. Office Sought       |  |
| 6600 Village Brook Trail<br>Clemmons, NC 27012  |                         |  |  | Mayor                  |  |
| c. Phone Number   | d. Email Address        | h. Next Election Year  |  | i. Jurisdiction        |  |
| 3364072994  | mastercounsel@gmail.com | 2013   |  | Clemmons               |  |
| <input type="checkbox"/> Email copy of notices  |                         |  |  |                        |  |
| 3. Treasurer Information  |                         |  | 4. Custodian of Books Information                      |                        |  |
| a. Full Name  |                         |  | a. Full Name   |                        |  |
| Toby D. Bost  |                         |  |  |                        |  |
| b. Mailing Address (include City, State, and Zip Code)  |                         |  | b. Mailing Address (include City, State, and Zip Code) |                        |  |
| 731 Morris Road<br>Winston-Salem, NC 27101  |                         |  |  |                        |  |
| c. Phone Number   | d. Email Address        | c. Phone Number  | d. Email Address                                       |                        |  |
| 336655-2756   | Tobybost@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   |                         |  |  |                        |  |
| 5. Assistant Treasurer Information  |                         |  | 6. Account Information                                 |                        |  |
| a. Full Name  |                         |  | a. Financial Institution Full Name                     |                        |  |
|   |                         |  | BB+T   |                        |  |
| b. Mailing Address (include City, State, and Zip Code)  |                         |  | b. Purpose   |                        |  |
|   |                         |  | Campaign Finance                                       |                        |  |
| c. Phone Number   | d. Email Address        | c. Account Code  | d. Type  |                        |  |
|   |                         | 1204   | Checking   |                        |  |
| <input type="checkbox"/> Email copy of notices  |                         |  |  |                        |  |
| CERTIFICATION   |                         |  |  |                        |  |
| 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. |                         |  |  |                        |  |
| Toby D. Bost  |                         |  |  | 7/19/13                |  |
| Printed Name of Signer  |                         | Signature of Appointed Treasurer   |  | Date                   |  |



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

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TOPSOUTH COUNTY  
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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:

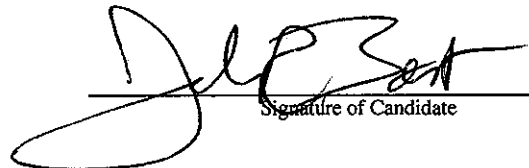
Candidate Name: JOHN R. BOST  
Treasurer Name: TOBY D. BOST  
Treasurer Address: 731 MORRIS ROAD  
(include city, state, & zip) WINSTON-SALEM, NC 27101  
  
Treasurer Phone: 336 / 655-2756

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).

7-19-13

Date Signed

  
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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Executive Director

Mailing Address  
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### 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).

Candidate Name: Johnny R. Best

Committee Name: Best for Mayor

Treasurer Name: Johnny Best

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

Committee ID #: \_\_\_\_\_

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

I, Johnny R. Best, 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<br>(Select from §163-278.16B(a)) | Plan for Disbursement (eg. Amount or %) |
|---|---|
| 1. <u>Village of Clemmons</u>                   | <u>100%</u>                             |
| 2. _____  | _____                                   |
| 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: Johnny R. Best

Date: 7-19-13

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