	accompanied by forms CRO-3100 and 0	CRO-3500 (when ame	ending, only	re-submit if a	applicable		
l. Committee Info	ormation	A STATE OF A STATE		· · · ·			
. Full Name		·····	c. ID Number				
McNEILL 2012							
. Mailing Address (ir	clude City, State and Zip Code)			d. Date Orga	nized		
				2/29/12			
·1118 S. HAWTH WINSTON-SAL				e. Phone Nur	nber		
				336-721-	9150		
. Candidate Info	rmation		XI Candidate	l 's Primary Co	ommittee		
. Full Name		e. Candidate ID Numt	f. Party Affiliation				
				DEMOCRAT			
GAIL MCNEIL	-		(Indicate Non-partisan if applicable		oplicable)		
. Mailing Address (in	clude City, State, and Zip Code)	g. Office Sought					
1118 S. HAWTHORNE RD WINSTON-SALEM, NC 27103		COUNTY COMM	COUNTY COMMISSIONER - DISTRICT B				
. Phone Number	d. Email Address	h. Next Election Year	i. Jı	urisdiction			
336-721-9150	GAIL@MCNEILL2012.COM	N/A - 2012		FORSYTH COUNTY			
Email copy of 1		100-2012	OROTHICOUNTI				
. Treasurer Info	mation	4. Custodian of Books Information					
. Full Name		a. Full Name					
JACK H. CAMPB	ELL, JR.	JACK H. CAMPBELL, JR.					
Mailing Address (in	clude City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)					
1208 BROOKSTOWN AVE WINSTON-SALEM, NC 27101		1208 BROOKSTOWN AVE WINSTON-SALEM, NC 27101					
Phone Number	d. Email Address	c. Phone Number	d. Email Add	ress			
336-722-8328	JACKCAMPBELL@TRIAD.RR.COM	336-722-8328	JACKCA	CKCAMPBELL@TRIAD.RR.COM			
prefer to receiv	e notices by email 🛛 Yes 🗖 N	lo 🗖 Email copy o	f notices	· · · ·	<b>_</b> .		
	urer Information Add	6. Account Inform		I. CRO-3500)	X Add		
Full Name	Remove	a. Financial Institution Full Name Remove					
		NEWBRIDGE 8ANK					
Mailing Address (in-	clude City, State, and Zip Code)	b. Purpose					
		DISBURSEMENT	OF REMAIN	ING CAMPAI	GN FUND	ء 201	
Phone Number	d. Email Address	c. Account Code	d. Type		- ŽŬ	<u> </u>	
		NB-1	CHECKING	Э ·	C C		
ERTIFICATION		<u> </u>			• v • • • •	-4.	
I certify that the C Chapter 163 of th	Committee or Fund is in compliance with e NC General Statutes and that no funds at this report is complete, true and corre	are commingled with			disclosed		
			11			Ĩ	
JACK	H. CAMPBELL, JR.	the carla	$\mathcal{N}$	5	/29/13		



## Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee.

X Yes D No

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

	ormation	e a e est	ine produktivné slovení se				
a. Full Name			<u>-</u>		c. ID Number		
McNEILL 2012							
b. Mailing Address (i	nclude City, State and Zip Code	)			d. Date Organized		
				2/29/12			
1118 S. HAWTI WINSTON-SAL					c. Phone Number		
					336-721-9150		
2. Candidate Info	rmation		nar 1 oo e to	<b>XI</b> Candi	date's Primary Committee		
a. Full Name			e. Candidate ID Number f. Party Affiliation				
GAIL MCNEILL b. Mailing Address (include City, State, and Zip Code)					DEMOCRAT		
			g. Office Sought		(Indicate Non-partisan if applicable)		
	· · · · · ·		g. Office Sought				
1118 S. HAWTHORNE RD WINSTON-SALEM, NC 27103			COUNTY COMMISSIONER - DISTRICT B				
c . Phone Number	d. Email Address		h. Next Election Yo	ear	i. Jurisdiction		
336-721-9150	GAIL@MCNEILL2012.COM	vi	N/A - 2012 FORSYTH COUNTY		FORSYTH COUNTY		
Email copy of notices			19/17-2012				
3. Treasurer Info	rmation	والمروا والمراجع	4. Custodian of	Books Inf	ormation		
a. Full Name			a. Full Name		r		
JACK H. CAMPBELL, JR.			JACK H. CAMPBELL, JR.				
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)				
1208 BROOKSTOWN AVE WINSTON-SALEM, NC 27101			1208 BROOKSTOWN AVE WINSTON-SALEM, NC 27101				
c. Phone Number	Phone Number d. Email Address c. F			c. Phone Number d. Email Address			
336-722-8328	JACKCAMPBELL@TRIAD	RR.COM	336-722-8328 JACKCAMPBELL@TRIAD R.COM				
I prefer to receiv	e notices by email 🛛	Yes 🔲 No	Email cop	y of notice	 es ທີ		
5. Assistant Treas	urer Information	Add	6. Account Info				
a. Full Name	Remove	a. Financial Institution Full Name					
		WELLS FARGO					
o. Mailing Address (in	•	b. Purpose					
. Phone Number	d. Email Address		c. Account Code d. Type				
			C-1	CHECKING			
Email copy ( CERTIFICATION			l		·····		
I certify that the C Chapter 163 of th	Committee or Fund is in con	that no funds a	are commingled w	visions of A /ith prohibit	rticle 22A, 22B & 22D-22M of ted or other non-disclosed funds.		
JACK	H. CAMPBELL, JR.		wh Carp	bull	5/31/13		
	ed Name of Signer	Sig	nature of Appointed T	Treasure	Date		
			-				

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