

COPY

**Statement of Organization - Candidate Committee**

Amendment

☒ Yes ☐ No

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).

<b>1. Committee Information</b>					
a. Full Name				c. ID Number	
McNEILL 2012					
b. Mailing Address (include City, State and Zip Code)				d. Date Organized	
1118 S. HAWTHORNE RD WINSTON-SALEM, NC 27103				2/29/12	
				e. Phone Number	
				336-721-9150	
<b>2. Candidate Information</b> <input checked="" type="checkbox"/> Candidate's Primary Committee					
a. Full Name			e. Candidate ID Number		f. Party Affiliation
GAIL McNEILL					DEMOCRAT
					(Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
1118 S. HAWTHORNE RD WINSTON-SALEM, NC 27103			COUNTY COMMISSIONER - DISTRICT B		
c. Phone Number	d. Email Address		h. Next Election Year	i. Jurisdiction	
336-721-9150	GAIL@MCNEILL2012.COM		N/A - 2012	FORSYTH COUNTY	
<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		
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	d. Email Address		c. Phone Number	d. Email Address	
336-722-8328	JACKCAMPBELL@TRIAD.RR.COM		336-722-8328	JACKCAMPBELL@TRIAD.RR.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</b> (incl. CRO-3500) <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name			a. Financial Institution Full Name		
			NEWBRIDGE BANK		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
			DISBURSEMENT OF REMAINING CAMPAIGN FUNDS		
c. Phone Number	d. Email Address		c. Account Code	d. Type	
			NB-1	CHECKING	
<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.					
JACK H. CAMPBELL, JR. Printed Name of Signer			[Signature] Signature of Appointed Treasurer		5/29/13 Date

# COPY

## Statement of Organization - Candidate Committee

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☒ Yes ☐ No

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### I. Committee Information

a. Full Name	c. ID Number
McNEILL 2012	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
1118 S. HAWTHORNE RD WINSTON-SALEM, NC 27103	2/29/12
	e. Phone Number
	336-721-9150

### 2. Candidate Information

☒ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
GAIL McNEILL		DEMOCRAT
		(Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
1118 S. HAWTHORNE RD WINSTON-SALEM, NC 27103	COUNTY COMMISSIONER - DISTRICT B	
c. Phone Number	d. Email Address	h. Next Election Year
336-721-9150	GAIL@MCNEILL2012.COM	N/A - 2012
<input checked="" type="checkbox"/> Email copy of notices		i. Jurisdiction
		FORSYTH COUNTY

### 3. Treasurer Information

a. Full Name	a. Full Name
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	d. Email Address
336-722-8328	JACKCAMPBELL@TRIAD.RR.COM
c. Phone Number	d. Email Address
336-722-8328	JACKCAMPBELL@TRIAD.RR.COM

 I prefer to receive notices by email ☒ Yes ☐ No ☐ Email copy of notices

### 5. Assistant Treasurer Information

a. Full Name	a. Full Name
b. Mailing Address (include City, State, and Zip Code)	b. Purpose
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of notices	

### 6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name	b. Purpose
WELLS FARGO	
c. Account Code	d. Type
C-1	CHECKING

### 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.

 JACK H. CAMPBELL, JR.  
Printed Name of Signer

  
Signature of Appointed Treasurer

 5/31/13  
Date