

Statement of Municipal Inactivity

COPY

Amendment

☐ Yes ☒ No

This form should be used by non-municipal committees only (i.e. political party committees, political action committees, and non-municipal candidates). Use this form to certify that the committee has not engaged in financial activity affecting municipal elections during the period covered by a municipal report. Use this form only if the committee spent funds on a municipal election during the current year, filed a previous municipal report, and has made no municipal election expenditures since the ending date of the last municipal report.

1. Committee Information

a. Full Name

McNeill 2012

c. ID Number

b. Mailing Address (include City, State and Zip Code)

1118 S Hawthorne Rd
Winston-Salem, NC 27103

d. Date Filed

10/28/13

e. Phone Number

2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name

2013

08/28/13

10/21/13

Jack H Campbell Jr

6. This Statement is filed in lieu of the following report:

- ☐ Thirty-five day
☐ Pre-primary
☒ Pre-election
☐ Pre-runoff
☐ Special

7. County in which municipal report is due:

Forsyth

8. Municipality(s) affected by previous municipal report(s):

Winston-Salem

RECEIVED
2013 OCT 28 PM 1:10

CERTIFICATION

I certify that the Committee or Fund has not made expenditures to affect a municipal election during the reporting period covered by this Statement. I further 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 Statement is complete, true and correct and that I have been trained by the NC State Board of Elections.

Jack H Campbell Jr

Printed Name of Signer

Jack Campbell

Signature of Appointed Treasurer

10/28/13

Date

FOR OFFICE USE ONLY

Date Received:

10/28/2013

Employee:

Judy Speas

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered

Date Postmarked:

Employee:

Date Scanned:

Employee:

☐ Signer has not received mandatory training