

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

COPY

1. Committee Information

a. Full Name	c. ID Number
Committee To Re-elect Vivian H. Burke	6CQ43H
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
2413 Rosemary Dr. Winston-Salem, NC 27105	
	e. Phone Number
	336 724-3159

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Vivian H. Burke	6CQ43H	Democrat
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	(Indicate Non-partisan if applicable)
3410 Cumberland Rd. Winston-Salem, NC 27105	City Council	
c. Phone Number	d. Email Address	h. Next Election Year
7676690		
<input type="checkbox"/> Email copy of notices		i. Jurisdiction

3. Treasurer Information

a. Full Name
Naomi Jones
b. Mailing Address (include City, State, and Zip Code)
2413 Rosemary Dr. Winston-Salem, NC 27105
c. Phone Number
336 724-3159
d. Email Address
bobojones@triad.rr.com

4. Custodian of Books Information

a. Full Name
b. Mailing Address (include City, State, and Zip Code)
c. Phone Number
d. Email Address

I prefer to receive notices by email ☒ Yes ☐ No

☐ Email copy of notices

5. Assistant Treasurer Information

a. Full Name
b. Mailing Address (include City, State, and Zip Code)
c. Phone Number
d. Email Address

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name	b. Purpose
Mechanics + Farmers Bank 770 Mel. King Blvd. Winston-Salem, NC 27105	Campaign Finance
c. Account Code	d. Type
032	Checking

☐ 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.

Naomi Jones
Printed Name of Signer

Naomi Jones
Signature of Appointed Treasurer

7/22/13
Date



COPY

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

RECEIVED

Kim Westbrook Strach
Executive Director

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

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: Committee to Re-elect Vivian H. Burke
Treasurer Name: Naomi Jones
Treasurer Address: 2613 Rosemary Dr.
(include city, state, & zip) Winston-Salem, NC 27105

Treasurer Phone: 336 724-3759

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.

7-22-2013
Date Signed

Naomi Jones
Signature

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