Statement of Organization - Party Committee



2:58

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

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

Committee Information			
Full Name		c. ID Number	
Eunice Campbell for S	ichaol Board		
Mailing Address (include City, State and Zip Code)		d. Date Organized	
5743 Antietam DR Winston Salem NC 20106		5/15/2017	
Winston Salem NC	-20106	e. Phone Number 336 9184238	
Party Information		550 110 0	
Туре	b. Party Name		
National Affiliated (Caucus)			
State			
Subordinate			
Treasurer Information	4. Custodian of Books Info	ormation	
Full Name	a. Full Name		
Eunice Campbell			
Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City	b. Mailing Address (include City, State, and Zip Code)	
5743 antietam De Winston Salem NC20	106		
Dhama Manahan Id Email Address	a Dhone Number Id Email	Address	
R/a Eunice campbell election	ovo	///// 03	
prefer to receive notices by email Ves	No Email copy of notices		
Assistant Treasurer Information		(incl. CRO-3500) Add	
	move a. Financial Institution Full Nam		
	nove a. Phancial Institution Pun Ivan	La Remote	
M. W. Aller (and all City State and The Code)	h Domoco		
Mailing Address (include City, State, and Zip Code)	b. Purpose		
	a Assume Cade di Truss		
Phone Number d. Email Address	c. Account Code d. Type		
	·		
Email copy of notices			
ERTIFICATION			
I certify that the Committee or Fund is in complian	ce with all applicable provisions of Ar	rticle 22A, 22B & 22D-22M of	
Chapter 163 of the NC General Statutes and that no	o funds are commingled with prohibite	ed or other non-disclosed funds.	
I further certify that this report is complete, true an			
	2 - 1 + 10	1 1	
Lonice Campbell (Junice Lampbell		
	0	Duc 201	
RO-2100C NO	State Board of Elections	May 201	
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Printed Name of Signer RO-2100C NO	Signature of Appointed Treasurer	n n	



State Board of Elections

441 N Harrington Street Raleigh, NC 27603

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2017 DEC 29 PM 2: 58

PECEIVED

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

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Candidate Name:

Kim Westbrook Strach

Executive Director

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Eunice Campbell for School Board	
Eunice Campbell	
5743 antictam DR	
Winston Selem NC20106	

Treasurer Phone:

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.

336 918 4238

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).

12/29/17 Date Signed

Lenice Campbel

CRO-3100

Certification of Treasurer

July 2014