

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).

1. Committee Information			
a. Full Name		c. ID Number	
The Committee to Elect Alex Bohannon		1C0600	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
2311 Gerald St. Winston Salem, NC 27101		2-16-18	
		e. Phone Number	
		336-403-3681	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Alexandre Bailard Bohannon			Dem
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
2311 Gerald St. Winston-Salem, NC 27101		District 1 - School Board	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
336-403-3681	alexbo@voteAlexBohannon.com	2018	Winston-Salem
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
REID ASHER WARREN			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
515 KNOB VIEW DRIVE WINSTON SALEM, NC 27104			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(336) 816-4501	rawarrenash@gmail.com		
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		6. Account Information (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<input type="checkbox"/> 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.			
REID A. WARREN		2/26/2018	
Printed Name of Signer		Signature of Appointed Treasurer	
		Date	



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

Kim Westbrook Strach
Executive Director

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

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.

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

FILED BY:

Committee Name: The Committee to Elect Alex Bahannon
Treasurer Name: Reid Warren
Treasurer Address: 515 Knob View Dr.
(include city, state, & zip) Winston-Salem, NC 27104

Treasurer Phone: 336-416-4501

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.

2-26-18
Date Signed

[Signature]
Signature



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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: ~~REID~~ ALEX BOHANNON
Treasurer Name: REID WARREN
Treasurer Address: SIS KNOB VIEW DRIVE
(include city, state, & zip) WINSTON SALEM, NC 27104

Treasurer Phone: 336-816-4501

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.

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).

2-26-18

Date Signed



Signature of Candidate