

Statement of Organization - Candidate Committee

Is this statement:

☐ New ☒ Amended

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

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information

a. Name of Committee	d. ID Number
JOHN STANLEY 4 LIBERTY	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
214 BASS ST KERNERSVILLE, NC 27284	7/2/2021
c. Committee Website (Optional)	f. Phone Number

2. Candidate Information

a. Full Name	e. Party Affiliation
JOHN STAFFORD STANLEY	LIBERTARIAN
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
214 BASS ST KERNERSVILLE NC, 27284	KERNERSVILLE BOARD OF ALDERMEN
c. Phone Number	g. Next Election Year
336 995 1499	
d. Email Address	h. Jurisdiction
INFO@JOHNSTAFFORDSTANLEY.COM	
<input type="checkbox"/> Email copy of report notices	

3. Treasurer Information

a. Full Name	4. Assistant Treasurer Information
WILLIAM O MCGUIRE	a. Full Name
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)
197 SONATA DR LEWISVILLE, NC 27023	
c. Phone Number	c. Phone Number
336 462 0549	
d. Email Address	d. Email Address
TREASURER@FORSYTH.LTNC.ORG	
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Email copy of report notices	

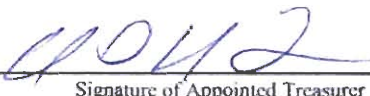
5. Custodian of Books Information (Keeper of Records)

a. Full Name	6. Account Information (incl. CRO-3500)
	a. Financial Institution Full Name
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	b. Account Code
d. Email Address	c. Type
<input type="checkbox"/> Email copy of report notices	

I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.

WILLIAM O MCGUIRE

Printed Name of Treasurer



Signature of Appointed Treasurer

9/26/2021

Date

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

Printed Name of Candidate

Signature of Candidate

Date



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Amended

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:

JOHN STANLEY 4 LIBERTY

Treasurer Name:

WILLIAM O MCGUIRE

Treasurer Address:

197 SONATA DR

(include city, state, & zip)

LEWISVILLE, NC 27023

Treasurer Phone:

336 462 0549

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.

9/24/2021
Date Signed

Signature



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Amended

Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

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

Candidate Name: JOHN STAFFORD STANLEY

Committee Name: JOHN STANLEY 4 LIBERTY

Treasurer Name: WILLIAM O. MCGUNE

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: _____

Level Registered: [State] [County] If county, specify: FORSYTH

I, _____, hereby direct that in the event of my death or incapacity all
(Name of Candidate)

funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>LIBERTARIAN PARTY OF FORSYTH COUNTY</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: _____

Date: _____