

COPY



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

FORSYTH COUNTY
BOARD OF ELECTIONS

2007 JUL 20 PM 3:01

RECEIVED

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

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

Certification of Treasurer

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

FILED BY:

Candidate Name:

Robert Marshall

Treasurer Name:

Robert Marshall

Treasurer Address:

1636 Springfield Way Drive

(include city, state, & zip)

Clemmons, NC 27012

Treasurer Phone:

336-306-6231

2007 JUL 20 PM 3:01
RECEIVED

FORSYTH COUNTY
BOARD OF ELECTIONS

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).

07-15-07

Date Signed

Robert Marshall
Signature of Candidate

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

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

1. Committee Information			
a. Full Name		c. ID Number	
Robert W. Marshall Committee to Elect Robert Marshall			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
1636 Springfield Way Drive Clemmons, NC 27012		07-06-07	
		e. Phone Number	
		336-306-6231	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
Robert W. Marshall	79YRDX	Unaffiliated-Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
1636 Springfield Way Drive Clemmons NC 27012	Council	City of Clemmons	
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name	a. Full Name	RECEIVED 07 JUL 24 PM 12:50 FORSYTH COUNTY CLERK	
Robert Marshall			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
1636 Springfield Way Drive Clemmons NC 27012			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-306-6231	Robert.Marshall@wachovia.com		
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name	a. Financial Institution Full Name	b. Purpose	
	Wachovia	Personal	
b. Mailing Address (include City, State, and Zip Code)	c. Account Code	d. Type	
		Free Checking	
c. Phone Number	d. Email Address		
CERTIFICATION			
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.			
Robert Marshall		Robert Marshall	07-24-07
Printed Name of Signer		Signature of Appointed Treasurer	Date



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

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

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

Certification of Threshold

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$3,000 in the current election cycle

FILED BY:

Committee Name: Put Marshall on Council
 Treasurer Name: Robert Marshall
 Treasurer Address: 1636 Springfield Way Drive
 (include city, state, & zip) Clemmons, NC 27012

 Treasurer Phone: 336-306-6231

Check One:

I certify that this committee intends to neither receive nor expend more than \$3,000 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 \$3,000 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 under the \$3000 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.

07-15-2007
Date Signed

Robert Marshall
Signature

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

COPY



FORSYTH COUNTY BOARD OF ELECTIONS

2007 JUL 24 PM 12: 50

RECEIVED

North Carolina State Board of Elections 506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director - Campaign Reporting

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

Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

FILED BY:

Committee Name:

Committee to Elect Robert Marshall

Treasurer Name:

Robert Marshall

Treasurer Address:

1636 Springfield Way Drive

(include city, state, & zip)

Clemmons NC 27012

Treasurer Phone:

336-3061-6231

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

Table with 5 columns: Type of account, Financial Institution, Address, Account Number, Account Code. Row 1: Checking, Wachovia, 916 W. 4th Street, [Redacted], [Redacted]. Row 2: [Blank], [Blank], Winston-Salem, NC, [Blank], [Blank].

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

07-24-07 Date Signed

[Signature] Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

Date Signed

Signature of Candidate or Treasurer