



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 to Return to Active Status

This Certification is used by Candidate, Party, PACs and Referendum Committees which have previously filed the Certification of Inactive Status and now wish to return to an active status.

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

FILED BY:

Committee Name: COMMITTEE TO ELECT BOB BYRD
Treasurer Name: CAROLINE M. KING
Treasurer Address: 540 MEADOWOOD DRIVE
(include city, state, & zip) BURLINGTON, NC 27215

Treasurer Phone: 336-260-0985

I certify that the above named candidate/political committee, which has been of **inactive status** and exempt from filing disclosure reports, intends to accept contributions and/or make expenditures. This intention of activity alters the status of the above named candidate/political committee to **active status** and requires such committee to begin filing disclosure on the appropriate schedule. All contributions received and/or expenditures made that have not been previously reported will be disclosed on the next scheduled report and all subsequent reports will be filed as scheduled. An amended Statement of Organization (CRO-2100 A-G) must accompany this form.

1-8-2018
Date Signed

Caroline King
Signature

01-08-18A11:31 REF:

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		
Committee To Elect Bob Byrd					
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
2826 Charlotte Lane Burlington, NC 27215			1/21/2014		
			e. Phone Number		
			336-584-7302		
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
Robert E. Byrd				Democrat	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
2826 Charlotte Lane Burlington, NC 27215		County Commissioner			
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
336-584-7302	rbyrd4@triad.rr.com	2018			
<input type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
Caroline M. King					
d. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
540 Meadowood Drive Burlington, NC 27215					
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
336-260-0985	wakeboardmom@bellsouth.net				
I prefer to receive my notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Email copy of notices		
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)		<input type="checkbox"/> Add	
a. Full Name		a. Financial Institution Full Name		<input type="checkbox"/> Remove	
		Capital Bank			
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
			Campaign		
c. Phone Number	d. Email Address	c. Account Code		d. Type	
		1		Checking	
<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.					
Caroline M. King		<i>Caroline M. King</i>		1-8-2018	
Printed Name of Signer		Signature of Appointed Treasurer		Date	



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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 E. Byrd
 Treasurer Name: Caroline M. King
 Treasurer Address: 540 Meadowood Drive
 (include city, state, & zip) Burlington, NC 27215

 Treasurer Phone: 336-260-0985

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).

1/8/2018
 Date Signed

[Signature]
 Signature of Candidate

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

01-03-18A11:31 REF: