

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> 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	
SANDRA BOLES GREGORY			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
2433 OSSIPLEE FRONT STREET		7-6-2021	
c. Committee Website (Optional)		f. Phone Number	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
SANDRA BOLES GREGORY		REPUBLICAN	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
2433 OSSIPLEE FRONT ST.		TOWN COUNCIL MEMBER	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-269-5531	SANDY95531@gmail.com	2022	OSSIPLEE NC
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
SANDRA BOLES GREGORY			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
2433 OSSIPLEE FRONT ST ELON, NC 27244			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-269-5531	SANDY95531@gmail.com		
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		RECEIVED	
b. Mailing Address (include City, State, and Zip Code)		JUL 15 2021	
		ALAMANCE COUNTY BOARD OF ELECTIONS	
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			
<p>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.</p> <p>Sandra Boles Gregory Sandra Boles Gregory 7-14-21 Printed Name of Treasurer Signature of Appointed Treasurer Date</p> <p>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.</p> <p>Sandra Boles Gregory Sandra Boles Gregory 7-14-21 Printed Name of Candidate Signature of Candidate Date</p>			



NORTH CAROLINA STATE BOARD OF ELECTIONS

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: SANDRA BOLES GREGORY

Treasurer Name: Sandra Boles Gregory

Treasurer Address: 2433 Ossipee Front Street
(include city, state, & zip) Elon, NC. 27244

Treasurer Phone: 336-269-5531

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.

7-15-2021
Date Signed

Sandra Boles Gregory
Signature

RECEIVED

JUL 15 2021

ALAMANCE COUNTY
BOARD OF ELECTIONS



NORTH CAROLINA STATE BOARD OF ELECTIONS

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: SANDRA BOLES GREGORY

Treasurer Name: SANDRA BOLES GREGORY

Treasurer Address: 2433 OSSIPPE FRONT STREET
 (include city, state, & zip) ELON, N.C. 27244

Treasurer Phone: 336-269-5531

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 is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. **Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on reports.** If an account number is used as the "account code," confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code

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

_____ Date Signed _____ Signature of Candidate or Treasurer

For Candidate Committees Only

In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

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

8-6-21 Date Signed _____ Signature of Candidate or Treasurer

RECEIVED

AUG 05 2021