

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 RE-ELECT SHERIFF BOBBY KIMBROUGH		d. ID Number	
b. Mailing Address (include City, State and Zip Code) 7880 BROAD ST., RURAL HALL, NC 27045		e. Date Organized 9/14/2021	
c. Committee Website (Optional)		f. Phone Number 336/865-9085	
2. Candidate Information			
a. Full Name BOBBY FRANKLIN KIMBROUGH, JR.		e. Party Affiliation DEMOCRAT	
b. Mailing Address (include City, State, and Zip Code) 2145 CHERRYWOOD DR., CLEMMONS, NC 27012		f. Office Sought SHERIFF OF FORSYTH COUNTY	
c. Phone Number 336/865-9085	d. Email Address jt@kimbrough2022.org	g. Next Election Year 2022	h. Jurisdiction FORSYTH COUNTY
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name JONATHAN T. "JT" SMALL		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 1078 W 4 th ST., WINSTON-SALEM, NC 27101		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number 336/408-6956	d. Email Address jtsmall@cjsmallatty.com	c. Phone Number	d. Email Address
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)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name AMERICAN NATIONAL BANK	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code 1	c. Type Checking
<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><u>JT Small</u> Printed Name of Treasurer <u>[Signature]</u> Signature of Appointed Treasurer <u>10/4/21</u> 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>____ Printed Name of Candidate _____ Signature of Candidate _____ Date</p>			