

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input checked="" 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.

Name of Committee		CD Number
Committee to Elect Alan Sherouse		
Mailing Address (include City, State and Zip Code)		Date Organized
PO Box 5055 Greensboro NC 27435		3/2/22
Committee Website (Optional)		Phone Number
www.sherouseforschools.com		336 500 1178

Full Name		Party Affiliation	
Alan Proctor Sherouse		Democrat	
Mailing Address (include City, State and Zip Code)		Office Sought	
204 Isabel St. Greensboro, NC 27401		Board of Education	
Phone Number	e. Email Address	g. Next Election Year	h. Jurisdiction
336 500 1178	apsherouse@gmail.com	2022	At-Large
<input checked="" type="checkbox"/> Email copy of report notices			

Full Name		Full Name	
Thomas Lane Hayes			
Mailing Address (include City, State and Zip Code)		Mailing Address (include City, State and Zip Code)	
1001 N. Eugene St Greensboro NC		27401	
Phone Number	d. Email Address	Phone Number	d. Email Address
704 231 1696	tlanehayes@gmail.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input checked="" type="checkbox"/> Email copy of report notices			

Custodian of Books/Impression (Keeper of Records)		Account Information (and CRO-3500)	
Full Name		Financial Institution Full Name	
		RECEIVED	
Mailing Address (include City, State and Zip Code)		MAR 10 2022	
		GUILFORD COUNTY	
Phone Number	d. Email Address	b. Account Code	c. Type
<input checked="" 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.

Thomas Lane Hayes Printed Name of Treasurer [Signature] Signature of Appointed Treasurer 3/10/2022 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.

Alan P. Sherouse Printed Name of Candidate [Signature] Signature of Candidate 3/10/2022 Date



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: Committee to Elect Alan Sherouse

Treasurer Name: Thomas Lane Hayes

Treasurer Address: 1001 N. Eugene St

(include city, state, & zip) Greensboro, NC 27401

Treasurer Phone: 704-231-1696

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.

3/10/2022

Date Signed

Thomas Lane Hayes

Signature



NORTH CAROLINA STATE BOARD OF ELECTIONS

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: Alan Sherouse

Committee Name: Committee to Elect Alan Sherouse

Treasurer Name: Thomas Lane Hayes

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

Committee ID #: _____

Level Registered: [State] [County] If county, specify: Guilford, Board of Education

I, Alan Sherouse, hereby direct that in the event of my death or incapacity all 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 <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>Guilford Education Alliance</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: Alan Sherouse

Date: 3/10/2022

RECEIVED
MAR 10 2022
GUILFORD COUNTY BOARD OF ELECTIONS