

# COPY

## 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<br><b>Best For Commissioners Committee</b>   | c. ID Number                           |
| b. Mailing Address (include City, State and Zip Code)<br><b># 731 Morris Road<br/>Winston-Salem, NC 27101</b> | d. Date Organized<br><b>1-19-12</b>    |
|   | e. Phone Number<br><b>336 407-2994</b> |

| 2. Candidate Information   |  | <input type="checkbox"/> Candidate's Primary Committee  |                             |
|--|--|---|-----------------------------|
| a. Full Name<br><b>Johnny Ray Bust</b>   | e. Candidate ID Number                             | f. Party Affiliation<br><b>Republican</b><br><small>(Indicate Non-partisan if applicable)</small> |                             |
| b. Mailing Address (include City, State, and Zip Code)<br><b>6600 Village Brook Trail<br/>Clemmons, NC 27012</b> | g. Office Sought<br><b>County Commissioner</b>     |   |                             |
| c. Phone Number<br><b>336 407 2994</b>   | d. Email Address<br><b>mastercounsel@gmail.com</b> | h. Next Election Year<br><b>2012</b>  | i. Jurisdiction<br><b>B</b> |
| <input checked="" type="checkbox"/> Email copy of notices  |  |   |                             |

| 3. Treasurer Information   |  | 4. Custodian of Books Information              |                  |
|--|--|--|------------------|
| a. Full Name<br><b>Toby Dale Bust</b>  | a. Full Name   |  |                  |
| b. Mailing Address (include City, State, and Zip Code)<br><b>731 Morris Road<br/>Winston-Salem, NC 27101</b> | b. Mailing Address (include City, State, and Zip Code) |  |                  |
| c. Phone Number<br><b>336 655 2756</b>   | d. Email Address<br><b>tobybust@gmail.com</b>          | c. Phone Number                                | d. Email Address |
| I prefer to receive 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)               |  |
|--|--|---|--|
| a. Full Name   | <input type="checkbox"/> Add <input type="checkbox"/> Remove | a. Financial Institution Full Name<br><b>BB&amp;T</b> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| b. Mailing Address (include City, State, and Zip Code) | b. Purpose<br><b>Campaign Finance</b>                        |   |  |
| c. Phone Number  | d. Email Address   | c. Account Code<br><b>1973</b>                        | d. Type<br><b>Checking</b>                                   |
| <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.

Johnny Ray Bust Printed Name of Signer      Johnny Ray Bust Signature of Appointed Treasurer      1-27-12 Date



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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 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: Johnny Ray Best

Treasurer Name: Toby Dale Best

Treasurer Address: 731 Morris Road

(include city, state, & zip) Winston-Salem, NC 27101

Treasurer Phone: 336-655-2756

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).

1-27-12  
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.

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Raleigh, NC 27603

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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:

Best For Commissioner Committee

Treasurer Name:

Toby Dale Best

Treasurer Address:

731 Morris Road

(include city, state, & zip)

Winston-Salem, NC 27101

Treasurer Phone:

336 655 2756

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.

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 |
|-----------------|-----------------------|--|----------------|--------------|
| Checking        | BB&T                  | Clemmons Branch<br>Lew. St. 76 Clemmons Rd<br>Clemmons, NC 27012 | [REDACTED]     | 1973         |

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

1-27-12  
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



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**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).

Candidate Name: Johnny Ray Best

Committee Name: Best for Commissioner Committee

Treasurer Name: Toby Dale Best

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

Committee ID #: \_\_\_\_\_

Level Registered: [State] [County] If county, specify: \_\_\_\_\_

I, Johnny Ray Best, 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<br><small>(Select from §163-278.16B(a))</small> | Plan for Disbursement (eg. Amount or %) |
|--|---|
| 1. <u>Village of Clemmons</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: Johnny Ray Best

Date: 1-27-12

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