

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
PAMELA LOFLAND CAMPAIGN	LCQNCG
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
1460 LAKE COTTAGE ROAD, CLEMMONS, N.C. 27012	7-13-21
c. Committee Website (Optional)	f. Phone Number
	336-577-2989

2. Candidate Information			
a. Full Name		e. Party Affiliation	
PAMELA JANE LOFLAND		REPUBLICAN	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1460 LAKE COTTAGE RD. CLEMMONS, N.C. 27012		CLEMMONS COUNCIL WOMAN	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-577-2989	pamlofland@gmail.com	2021	CLEMMONS FORSYTH COUNTY
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
PAMELA JANE LOFLAND			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
1460 LAKE COTTAGE RD, CLEMMONS, N.C. 27012			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-577-2989	pamlofland@gmail.com		
<input type="checkbox"/> 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	
PAMELA ^{JANE} LOFLAND		FIRST HORIZON	
b. Mailing Address (include City, State, and Zip Code)			
1460 LAKE COTTAGE RD CLEMMONS, N.C. 27012			
c. Phone Number	d. Email Address	b. Account Code	c. Type
336-577-2989	pamlofland@gmail.com	PJK-2017	CHECKING
<input 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.

PAMELA JANE LOFLAND 3-21-21
 Printed Name of Treasurer Signature of Appointed Treasurer 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.

PAMELA JANE LOFLAND 3-21-21
 Printed Name of Candidate Signature of Candidate 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: PAMELA LOFLAND CAMPAIGN

Treasurer Name: PAMELA LOFLAND

Treasurer Address: 1460 LAKE COTTAGE RD.

(include city, state, & zip) CLEMMONS, N.C. 27012

Treasurer Phone: _____

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.

7-22-21
Date Signed

[Signature]
Signature