



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
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Certification to Return to Active Status

This Certification is used by Candidate, Party, PACs and Referendum Committees which have previously filed the Certification of Inactive Status and now wish to return to an active status.

FILED BY:

Committee Name: Citizens for Greensboro Committee
 Treasurer Name: Elizabeth W. Cone
 Treasurer Address: 35-B Fountain Manor Drive
 (include city, state, & zip) Greensboro, NC 27405

 Treasurer Phone: 336-272-5530

I certify that the above named candidate/political committee, which has been of inactive status and exempt from filing disclosure reports, intends to accept contributions and/or make expenditures. This intention of activity alters the status of the above named candidate/political committee to active status and requires such committee to begin filing disclosure on the appropriate schedule. All contributions received and/or expenditures made that have not been previously reported will be disclosed on the next scheduled report and all subsequent reports will be filed as scheduled. An amended Statement of Organization (CRO-2100) must accompany this form.

RECEIVED

8-15-2009

Date Signed

AUG 15 2009

GUILFORD COUNTY
BOARD of ELECTIONS

Elizabeth W. Cone
Signature

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

Statement of Organization - Referendum Committee

Amendment
 Yes No

Use this form to create a new or update an existing referendum committee.
 This form must be accompanied by form CRO-3500.

1. Committee Information			
a. Full Name Citizens Committee for Greensboro		c. ID Number	
b. Mailing Address (include City, State and Zip Code) c/o Elizabeth W. Cone 35-B Fountain Manor Drive Greensboro, NC 27405		d. Date Organized 8/13/2009	
		e. Phone Number 336-272-5530	
2. Referendum Information			
a. Full Name Natural Science Center Expansion Bond		b. Date of Referendum Nov. 3, 2009	c. Declaration <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Elizabeth W. Cone		a. Full Name Same as Treasurer	
b. Mailing Address (include City, State, and Zip Code) 35-B Fountain Manor Drive Greensboro, NC 27405		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 336-272-5530	d. Email Address	c. Phone Number	d. Email Address
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		a. Financial Institution Full Name SunTrust Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Deposit contributions and pay expenses	
c. Phone Number	d. Email Address	c. Account Code 1	d. Type Checking
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.			
Elizabeth W. Cone Printed Name of Signer		Elizabeth W. Cone Signature of Appointed Treasurer	8/15/09 Date

CRO-2100E

NC State Board of Elections

December 2007

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 GUILFORD COUNTY
 BOARD OF ELECTIONS

Disclosure Report Cover

Amendment

Yes

No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information

1. Committee Information	
a. Full Name Citizens Committee for Greensboro	c. ID Number
b. Mailing Address (include City, State and Zip Code) c/o Elizabeth W. Cone 35-B Fountain Manor Drive Greensboro, NC 27405	d. Date Filed 8/15/09
	e. Phone Number 336-272-5530

2. Report Year 2009	3. Period Start Date (mm/dd/yy) 08/13/09	4. Period End Date (mm/dd/yy) 12/31/09	5. Treasurer Full Name Elizabeth W. Cone (Betty)
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input checked="" type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
8. Number of Fundraisers this Report		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
0			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name SunTrust Bank		a. Financial Institution Full Name	
b. Purpose All campaign gifts and expenses	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 15,906.44		d. Period Begin Balance \$

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 and that I have been trained by the NC State Board of Elections.

Elizabeth W. Cone
Printed Name of Signer

Elizabeth W. Cone
Signature of Appointed Treasurer

8/15/09
Date

FOR OFFICE USE ONLY

Date Received: **RECEIVED** Employee: _____

Date Postmarked: **AUG 18 2009** Employee: _____

Date Scanned: **GUILFORD COUNTY BOARD of ELECTIONS** Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.



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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:

Referendum
~~Candidate Name:~~

Citizens Committee for Greensboro

Treasurer Name:

Elizabeth W. Cone

Treasurer Address:

35-B Fountain Manor Drive

(include city, state, & zip)

Greensboro, NC 27405

Treasurer Phone:

336-272-5530

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 32 of the

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8/15/09

Date Signed

Elizabeth W. Cone
 Signature of Candidate

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