

Statement of Organization

1. Committee Name Committee to Elect Tim Nugent					7. Date 1/24/02		
2. Committee Address 301 South Liberty Street					8. MD Number		
3. City Winston-Salem		4. State NC		5. Zip 27101		6. Phone 773-0059	9. Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Type of Committee (Check one and complete the respective information required below.)

10. Candidate Committee (If office sought is nonpartisan, write "Nonpartisan" in (b) Party Affiliation.)

a. Name	b. Party Affiliation	c. Office Sought	d. District/County/Municipal
Tim Nugent	Republican	District Court Judge	21st Judicial District Forsyth County

11. Joint Candidate Fundraiser

a. Name of Event		b. Event Location			
c. Candidate Name(s)		d. ID Number	e. Office	f. Party Affiliation	g. Share of Profits

12. Party Committee

a. Type (Check one)	b. Party
<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Subordinate	

13. General Political Committee

a. Category (Check one)	
<input type="checkbox"/> Banking/Finance <input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Health <input type="checkbox"/> Manufacturing <input type="checkbox"/> Trade	<input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Environment <input type="checkbox"/> Insurance <input type="checkbox"/> Minority <input type="checkbox"/> Utilities
<input type="checkbox"/> Religious <input type="checkbox"/> Get Out the Vote <input type="checkbox"/> Legal <input type="checkbox"/> Information Tech/Telecommunications	<input type="checkbox"/> Political Party not part of the Party Plan of Organization <input type="checkbox"/> Other:

b. Type (Check one)	c. Definition of Type
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Political Purpose	
<input type="checkbox"/> Economic Interest	

d. Member Definition		

Connected Organization or Affiliated Committee		
e. Name	f. Mailing Address (include city, state, & zip)	g. Relationship

14. Referendum Committee

a. Name	b. Date	c. Declaration (Check one)
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose

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15. Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Sandra R. McCullough	934 S. Ridge Ct.	Winston Salem	NC	27107	771-7419

16. Assistant Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone

17. Custodian of Books Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Timothy S. Nugent	3815 Whitehaven Rd.	Winston Salem	NC	27106	924-1358

18. Depository Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Acct Type & Number
Branch Banking & Trust Co.	200 W. 2nd St.	Winston Salem	NC	27101	Checking
Purpose					
Receipts & Disbursements					
Purpose					
Purpose					
Purpose					

19. Certification of Threshold (for Candidate and Party Committees Only)

I certify that this committee intends to neither receive nor expend more than \$3,000 during the campaign under the procedures set forth in G.S. 163-278.10A. This certification will remain until the end of the election cycle for this committee. I further understand that should the above circumstances change at any time during the election cycle, it will be necessary for the person responsible for filing financial reports to immediately notify the appropriate Board of Elections Campaign Reporting Office and to commence filing campaign reports with the next scheduled report; such report to include all funds received and spent since the beginning of the committee's current election cycle. By checking this box, I am not required to file an organizational report.

VERIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

Sandra McCullough
Signature of Appointed Treasurer or Candidate

1/24/02
Date