



North Carolina  
State Board of Elections

506 N Harrington Street  
Raleigh, NC 27603

**COPY**

Kimberly Westbrook  
Deputy Director - Campaign Reporting

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

**Certification of Treasurer**

**FILED BY:**

Candidate Name: MOLLY LEIGHT  
Treasurer Name: LINDA ACREE HOBBS  
Treasurer Address: 516 SOUTH MAIN ST.  
(include city, state, & zip) WINSTON-SALEM, NC  
27101  
Treasurer Phone: 336-761-8806

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.

10/5/05  
Date Signed

M. A. Leight  
Signature of Candidate

RECEIVED

2005 OCT -7 PM 4:05

Certification of Treasurer

CRO-3100

March 2003

# Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>1. Committee Information</b>					
a. Full Name				c. ID Number	
MOLLY LEIGHT FOR CITY COUNCIL					
b. Mailing Address (include City, State and Zip Code)				d. Date Organized	
313 SOUTH MAIN ST, WINSTON-SALEM, NC 27101					
				e. Phone Number	
				336-725-4325	
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name			c. Candidate ID Number		d. Party Affiliation
MARY ANNETTE LEIGHT					DEM
b. Mailing Address (include City, State, and Zip Code)			e. Office Sought		f. Jurisdiction
313 SOUTH MAIN ST. WINSTON-SALEM, NC 27101			CITY COUNCIL SOUTH WARD		
			(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)		
<b>3. Treasurer Information</b>			<b>4. Custodian of Books Information</b>		
a. Full Name			a. Full Name		
LINDA ACREE HOBBS					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
516 SOUTH MAIN ST. WINSTON-SALEM, NC 27101					
c. Phone Number		d. Email Address		c. Phone Number	
336-761-8806					
<b>5. Assistant Treasurer Information</b>			<b>6. Account Information</b> (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name		
			WACHOVIA		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
			Campaign expenditures		
c. Phone Number		d. Email Address		c. Code	
				117	
				d. Type	
				checking	
<b>CERTIFICATION</b>					
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.					
LINDA A. HOBBS		Linda A. Hobbs		10/7/05	
Printed Name of Signer		Signature of Appointed Treasurer		Date	



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**Confidential**

**Certification of Financial Account Information**

**FILED BY:**

Committee Name: MOLLY LEIBHT FOR CITY COUNCIL  
 Treasurer Name: LINDA HOBBS  
 Treasurer Address: 576 SOUTH MAIN ST.  
 (include city, state, & zip) WINSTON-SALEM, NC 27101  
 Treasurer Phone: 336-761-8806

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 "code" in order to provide account information on required disclosure reports. If an account number is used as the "code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Account Number	Code
BUSINESS ESSENTIALS	WACHOVIA	916 W. 4th ST.	[REDACTED]	117

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

10/5/05  
Date Signed

Linda A. Hobbs  
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