

# COPY

## Statement of Organization - Candidate Committee

|                              |                                        |
|------------------------------|----------------------------------------|
| Amendment                    |                                        |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

|                                                                                                                                                                                                                                      |                               |                                                                |                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------|-------------------------------|
| <b>1. Committee Information</b>                                                                                                                                                                                                      |                               |                                                                |                               |
| a. Full Name                                                                                                                                                                                                                         |                               | c. ID Number                                                   |                               |
| Mac Weatherman City Council                                                                                                                                                                                                          |                               | 4306                                                           |                               |
| b. Mailing Address (include City, State and Zip Code)                                                                                                                                                                                |                               | d. Date Organized                                              |                               |
| 4306 Belews Creek Road<br>Winston-Salem, NC 27101                                                                                                                                                                                    |                               | 7/22/2005                                                      |                               |
|                                                                                                                                                                                                                                      |                               | e. Phone Number                                                |                               |
|                                                                                                                                                                                                                                      |                               | 336-723-7778                                                   |                               |
| <b>2. Candidate Information</b>                                                                                                                                                                                                      |                               | <input type="checkbox"/> Candidate's Primary Committee         |                               |
| a. Full Name                                                                                                                                                                                                                         |                               | c. Candidate ID Number                                         | d. Party Affiliation          |
| Calvin McCoy Weatherman                                                                                                                                                                                                              |                               | VR49H7                                                         |                               |
| b. Mailing Address (include City, State, and Zip Code)                                                                                                                                                                               |                               | e. Office Sought                                               | f. Jurisdiction               |
| 4306 Belews Creek Road<br>Winston-Salem, NC 27101                                                                                                                                                                                    |                               | Council Member - East Ward                                     | Winston-Salem                 |
| <i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>                                                                                                                                              |                               |                                                                |                               |
| <b>3. Treasurer Information</b>                                                                                                                                                                                                      |                               | <b>4. Custodian of Books Information</b>                       |                               |
| a. Full Name                                                                                                                                                                                                                         |                               | a. Full Name                                                   |                               |
| Dorothy M. Davidson                                                                                                                                                                                                                  |                               | Dorothy M. Davidson                                            |                               |
| b. Mailing Address (include City, State, and Zip Code)                                                                                                                                                                               |                               | b. Mailing Address (include City, State, and Zip Code)         |                               |
| 4934 Stonington Road<br>Winston-Salem, NC 27103                                                                                                                                                                                      |                               | 4934 Stonington Road<br>Winston-Salem, NC 27103                |                               |
| c. Phone Number                                                                                                                                                                                                                      | d. Email Address              | c. Phone Number                                                | d. Email Address              |
| 336-765-5502                                                                                                                                                                                                                         | dorothydavidson@earthlink.net | 336-765-5502                                                   | dorothydavidson@earthlink.net |
| <b>5. Assistant Treasurer Information</b>                                                                                                                                                                                            |                               | <b>6. Account Information</b> (incl. CRO-3500)                 |                               |
| a. Full Name                                                                                                                                                                                                                         |                               | a. Financial Institution Full Name                             |                               |
| N/A                                                                                                                                                                                                                                  |                               | Southern Community Bank and Trust                              |                               |
| b. Mailing Address (include City, State, and Zip Code)                                                                                                                                                                               |                               | b. Purpose                                                     |                               |
|                                                                                                                                                                                                                                      |                               | Campaign Account                                               |                               |
| c. Phone Number                                                                                                                                                                                                                      | d. Email Address              | c. Code                                                        | d. Type                       |
|                                                                                                                                                                                                                                      |                               | A-SC                                                           | 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. |                               |                                                                |                               |
| <u>Dorothy M. Davidson</u><br>Printed Name of Signer                                                                                                                                                                                 |                               | <u>Dorothy M. Davidson</u><br>Signature of Appointed Treasurer | <u>7/31/2005</u><br>Date      |

CRO-2100A

NC State Board of Elections

May 2003

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FORSTH COUNTY  
BOARD OF ELECTIONS



North Carolina  
State Board of Elections

506 N Harrington Street  
Raleigh, NC 27603

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: Mac Weatherman  
Treasurer Name: Dorothy M. Davidson  
Treasurer Address: 4934 Stonington Road  
(include city, state, & zip) Winston-Salem, NC 27103  
\_\_\_\_\_  
\_\_\_\_\_  
Treasurer Phone: 336-765-5502

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.

8/1/2005

Date Signed

Mac Weatherman

Signature of Candidate



North Carolina  
State Board of Elections  
506 N Harrington Street  
Raleigh, NC 27603

Kimberly Westbrook  
Deputy Director – Campaign Reporting

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

**Confidential**

**Certification of Financial Account Information**

**FILED BY:**

Committee Name: Mac Weatherman City Council  
Treasurer Name: Dorothy M. Davidson  
Treasurer Address: 4934 Stonington Road  
(include city, state, & zip) Winston-Salem, NC 27103  
Treasurer Phone: 336-765-5502

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 |
|-----------------|-----------------------------------|-----------------------------------------------------|----------------|------|
| Checking        | Southern Community Bank and Trust | 4701 Country Club Rd.<br>Winston-Salem, NC<br>27104 | [REDACTED]     | A-SC |

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

7/31/2005  
Date Signed

Dorothy M. Davidson  
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