

COPY

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

Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information			
a. Full Name		c. ID Number	
THE PEOPLES CHOICE: VOTE PHIL CARTER EASTWARD CITY COUNCILMAN		RECEIVED	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
1148 EAST 5th, APT C WINSTON-SALEM, N.C. 27101		07-19-13	
		e. Phone Number	
		(336) 692-4710	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Phillip Tyrone CARTER		TCOMU	DEMOCRAT
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
1148 EAST 5th, APT C WINSTON-SALEM, N.C. 27101		WINSTON-SALEM COUNCIL	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
(336) 692-4710			EASTWARD
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Phillip Tyrone CARTER			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1148 EAST 5th, APT C WINSTON-SALEM, N.C. 27101			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(336) 692-4710			
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		PIEDMONT FEDERAL SAVINGS BANK	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		3335	SAVINGS
<input type="checkbox"/> Email copy of notices			
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.			
Phillip T. CARTER		Signature of Appointed Treasurer	Date
Printed Name of Signer			07-29-13



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

RECEIVED

Kim Westbrook Strach
Executive Director

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

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:

Candidate Name: Phillip T. Carter
Treasurer Name: Phillip T. Carter
Treasurer Address: 1148 EAST 5th, APT C
(include city, state, & zip) WINSTON-SALEM, N.C. 27101

Treasurer Phone: _____

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 163.278.9(k).

07-29-13
Date Signed

Phillip T. Carter
Signature of Candidate

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

