

# Statement of Organization

Page 1 of 2

1. Name of Committee <b>Elect Beatty to NC State House</b>		Date <b>7.22.02</b>	
2. Address of Committee <b>1725 Princeton Street</b>		8. ID Number	
3. City <b>Winston-Salem</b>		9. Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. State <b>NC</b>	5. Zip <b>27103</b>	6. Phone <b>(336) 723-8997</b>	
<b>RECEIVED</b>			
Type of Committee (Check one and complete the respective information required below.)			
<input checked="" type="checkbox"/> 10. Candidate Committee <input checked="" type="checkbox"/> Primary Candidate Committee (If office sought is nonpartisan, write "Nonpartisan" in (d) Party Affiliation.)			
a. Name of Candidate <b>Annette Beatty</b>	b. Candidate ID Number	c. Office <b>State House</b>	d. Party Affiliation <b>Dem.</b>
		e. Dist/Cty/Mun <b>72</b>	
<input type="checkbox"/> 11. Joint Candidate Committee or Fundraiser <input checked="" type="checkbox"/> Primary Candidate Committee			
a. If Fundraiser, Name of Event		b. If Fundraiser, Event Location	
c. Candidate Names	d. Candidate ID Number	e. Office	f. Party Affiliation
			g. Share of Profits
			%
			%
			%
			%
<input checked="" type="checkbox"/> 12. Party Committee			
a. Type (Check one)		b. Party	
<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Subordinate		<b>Dem</b>	
<input type="checkbox"/> 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 checked="" 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
<input type="checkbox"/> 14. Referendum Committee			
a. Name of Referendum		b. Referendum Date	c. Declaration (Check one)
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose

# Statement of Organization

Page 2 of 2

## 15. Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Janet S. Eaddy	2152 E Fiddlers Ct.	Winston-Salem	NC	27107	334 788-6088
g. Email Address					

## 16. Assistant Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
N/A					
g. Email Address					

## 17. Custodian of Books Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Janet S. Eaddy	2152 E Fiddlers Ct.	WS	NC	27107	788-6088
Annette Beatty	1725 Princeton St.	WS	NC	27103	723-8997
g. Email Address					

## 18. Bank/Depository/Credit Account Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Acct Type & Number
CCB	3288 Silas Crk. Crossing	WS	NC	27103	cking
g. Purpose	Financial Accounting				h. Code
g. Purpose					h. Code

## 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.
- ☒ I am amending this Statement of Organization to withdraw my Certification to remain under the \$3000 threshold. I will now be required to file a report of all contributions and expenditures from the beginning of the election cycle that have not been previously reported. This report will be referred to as a "Threshold Report". I further agree to file all future reports required.

## CERTIFICATION

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.

Janet S. Eaddy  
Signature of Appointed Treasurer or Candidate

7.29.02  
Date