## Statement of Organization - Candidate Committee

Amendinent	
Yes	☐ No

1. Committee Info	ormation			<u>"</u>		·	
a. Full Name					c. ID Number	r	
DAN	BESSE COMM	ITTEE	•			· · · · · · · · · · · · · · · · · · ·	
b. Mailing Address (in	nclude City, State and Zip C	ode)			d. Date Organized		
P. O. Bex 15306			1/18/01				
Winsta	a-Salem NC	17112			e. Phone Nun	nber	
		<u> </u>			336-7	22-1674	
2. Candidate Info	rmation		Candidate's Primary Committee				
a. Fuli Name			c. Candidate ID Number d. Party Affiliation			iation	
DAN BESSE			Democrat		ccrat		
b. Mailing Address (in	clude City, State, and Zip C	ode)	e. Office Sought	f. Jurisdiction			
Pill Bax 15306 Winton-Salen, NC 27113		City Council (If office sought is nonpartisan, wri		write "Non	Winston Salem partisan" in Idl		
3. Treasurer Infor		· · · · · · · · · · · · · · · · · · ·	Party Affiliation.)				
a. Full Name	mation		4. Custodian of Books Information				
		<del>_</del>	a. Full Name		_		
	T. McGrat	-	Gregory				
b. Mailing Address (inc	clude City, State, and Zip Co	ode)	b. Mailing Address (in	clude City, Stat	e, and Zip Code)		
5050 Dalton Manor Court		5050 Dalton Manor Court					
Winston-Salem, NC 27104		Winston-Salem, NC 27104					
c. Phone Number	C. Filotie Number d. Email Add		d. Email Addr	ress			
	gtm5050e Ac	/65-3091   3		050eA	ol.com		
5. Assistant Treasu	rer Information	☐ Add	6. Account Inform	ation (incl.	CRO-3500)	□ Add ≥	
a. Full Name		Remove	a. Financial Institution	Full Name		Remove -	
			1				
b. Mailing Address (inc	clude City, State, and Zip Co	de)	b. Purpose		<u>-</u> -		
				<u></u>		<del></del>	
						<b>≤ ₽</b>	
c. Phone Number	d. Email Address	<u>:.</u>	c. Code	d. Type			
				a. type		82	
CERTIFICATION			<u></u>			- N	
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.							
Gregory T. McGrath Printed Name of Signer  Printed Name of Signer  Signature of Appointed Treasurer  Date							

CRO-2100A

NC State Board of Elections

May 2003



506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook Deputy Director – Campaign Reporting

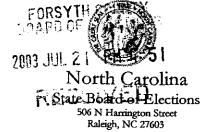
FILED BY:

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

## **Certification of Treasurer**

Candidate Name:	DAN BESSE
Treasurer Name:	Gregory T. McGrath
Treasurer Address:	5050 Palton Manor Court
(include city, state, & zip)	Winston-Salem NC 27/04
Treasurer Phone:	336-765-3091
the duties and responsibilities imposed	correct, and I, as candidate, appoint said treasurer to personally fulfill upon the appointed treasurer and subject to the penalties and con of Election Campaigns of Chapter 163 of the North Carolina
I understand that if the above Treasure the existing Statement of Organization	er changes, it will be necessary to certify a new treasurer and amend within 10 days of the vacancy.
2/17/64 Date Signed	Wan Desse Signature of Candidate

COPY



RECEIVED

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	<u> </u>	Dan Besse Committee						
Treasurer Name:		Joan L Crewson						
Treasurer Address	s:	294 West End Blvd						
(include city, state, &	zip)	Winston-Salem, NC 27101-1234						
			· · · · · · · · · · · · · · · · · · ·	<del></del>				
Treasurer Phone:			(336)7	<b>7</b> 44-4979				
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	Wachovia Bank	916 W. 4th St.		WBC				
By signing this statement or ovided.	ent, I authorize agents of th	ne State Board of Election	ns to inspect all accou	nts				
7-20-03 Date Signed	<del>_</del>	- Jon	an L Crews. Signature of Treasurer					