Statement of Organization - Candidate Committee

Amendment		and Armer work has
☑ Yes	K	No

1. Committee Inform	nation				TD N	
a. Full Name					c. ID Number	
Joines for Mayor C	Committee					
b. Mailing Address (incl	ide City, State and Zip Code)				d. Date Organized	
5200 Mountain View Road				05/01/2001		
Winston-Salem, N	C 27104				e. Phone Number	
					(336) 732-	5473
2. Candidate Inforn	nation		✓ Candidate's Prin	nary Commit	tee	
a. Full Name			c. Candidate ID Numbe	e ID Number d. Party Affiliation		ation
James Allen Joine	S		Democrat			
b. Mailing Address (incl	ude City, State, and Zip Code	:)	e. Office Sought			f. Jurisdiction
5200 Mountain View Road Winston-Salem, NC 27104		Mayor	1016a y = 1		Forsyth County	
			(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			partisan" in [d]
3. Treasurer Inforn	nation			4. Custodian of Books Information		
a. Full Name			a. Full Name			
James Allen Joine	es		Dawn S. Alexander			
b. Mailing Address (incl	ude City, State, and Zip Cod	e)	b. Mailing Address (include City, State, and Zip Code)			ie)
5200 Mountain View Road Winston-Salem, NC 27104		100 N. Main St., NC 6756 Winston-Salem, NC 27150				
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address		
(336) 732-5473	allen.joines@wachov	ia.com	(336) 732-5389	dawn.alexander@wachovia.com		chovia.com
5. Assistant Treasu	rer Information	Add	6. Account Inform	ation (inc	:I. CRO-3500)	☐ Add
a. Full Name		Remove	a. Financial Institution	Full Name		Remove
			Lexington State Bank			
b. Mailing Address (include City, State, and Zip Code)			b. Purpose			
			Remaining Fund	s from 2001	1 Campaign	· ·
c. Phone Number	d. Email Address	. <u></u>	c. Code	d. Type		
			2 EW	Savings A	Account	
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. James Allen Joines James Allen Joines O2/03/2004 Printed Name of Signer Signature of Appointed Treasurer Date						
rinte	or require or publics	/ 1				

CRO-2100A

NC State Board of Elections

May 2003



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:		J	oines for Mayor Cor	nmittee			
Treasurer Name:			James Allen	Joines			
Treasurer Address:			5200 Mountain View	w Road			
(include city, state, & z	ip)	,	Winston-Salem, NC	27104			
Treasurer Phone:			336 73	32 5473			
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			
Savings Account	Lexington State Bank	160 S. Stratford Rd	Manage	JFM			
		WS, NC 27104					
By signing this statement provided.	ent, I authorize agents of th	ne State Board of Electio	ns to inspect all accoun	nts			
02/03/200	4	Jane	g pines				
Date Signed			Signature of Treasurer				