

Statement of Organization - Candidate Committee

Amendment

☐ Yes

☐ No

COPY

1. Committee Information

a. Full Name	c. ID Number
THE BALDWIN FOR COMMISSIONER COMMITTEE	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
2217 WESTOVER DRIVE WINSTON-SALEM, N.C. 27103	2-20-04
	e. Phone Number
	336-724-5869

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	c. Candidate ID Number	d. Party Affiliation
LOUIS BARLEY BALDWIN, JR.		REPUBLICAN
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction
2217 WESTOVER DRIVE WINSTON-SALEM NC 27103	FORSYTH COUNTY COMMISSIONER	DISTRICT B
	(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	

3. Treasurer Information

a. Full Name	a. Full Name
JONATHAN NEAL ROBBINS	JONATHAN NEAL ROBBINS
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
4313 WHEATLAND LANE WINSTON-SALEM NC 27106	4313 WHEATLAND LANE WINSTON-SALEM NC 27106
c. Phone Number	d. Email Address
336-924-4608	nrobbins@triad.rr.com

4. Custodian of Books Information

a. Full Name	a. Full Name
JONATHAN NEAL ROBBINS	JONATHAN NEAL ROBBINS
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
4313 WHEATLAND LANE WINSTON-SALEM NC 27106	4313 WHEATLAND LANE WINSTON-SALEM NC 27106
c. Phone Number	d. Email Address
336-924-4608	nrobbins@triad.rr.com

5. Assistant Treasurer Information

☐ Add

☐ Remove

a. Full Name	a. Financial Institution Full Name
	Southern Community Bank & Trust
b. Mailing Address (include City, State, and Zip Code)	b. Purpose
c. Phone Number	d. Type

6. Account Information (incl. CRO-3500)

☐ Add

☐ Remove

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.

Jonathan Neal Robbins

Printed Name of Signer



Signature of Appointed Treasurer

2-20-04

Date

CRO-2100A

NC State Board of Elections

May 2003

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: THE BALDWIN FOR COMMISSIONER COMMITTEE

Treasurer Name: JONATHAN NEAL ROBBINS

Treasurer Address: 4313 WHEATLAND LANE WINSTON-SALEM NC 27103

(include city, state, & zip)

Treasurer Phone: 336-924-4608

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-Business	SOUTHERN COMMUNITY BANK	4701 COUNTRY CLUB ROAD	0000000000	A

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

2-20-04

Date Signed


Signature of Treasurer



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: LOUIS BARLEY BALDWIN, JR.

Treasurer Name: JONATHAN NEAL ROBBINS

Treasurer Address: 4313 WHEATLAND LANE

(include city, state, & zip) WINSTON-SALEM NC 27106

Treasurer Phone: 336-924-4608

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.

2-20-04

Date Signed

Signature of Candidate