# Statement of Organization - Candidate Committee

Amendment

Yes No

tatement of organization					
. Committee Information			c. ID Number		
The Baldwin for Commissioner Committee			3712763		
The Baldwin for Cornelis 1			d. Date Organized		
. Mailing Address (include City, State and Zip Code)			2-20-04		
2217 Westover Drive			c. Phone Number		
Winston-Salem NC 27103			336 724 5869		
•			<u> </u>		
	Primary Candidat	e Committe	ee		
. Candidate Information			b. Candidate ID Number		
. Full Name					
Louis Barley Baldwin, Jr.	d. District/County/Munic		e. Party Affiliation		
			<del></del>		
Toroth County Commissioner	District B / Forsyth County		Kepublican		
(If office sought is nonpartisan, write "Nonpartisan" in [e	Party Affiliation.)				
(If office sought is nonpartisan, write Nonpartisan,	4. Custodian of Books Information				
3. Treasurer Information	a. Full Name				
a. Full Name					
Louis Barley Baldum, Jr.	City State and Zin Code)				
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)				
b. Maining Address (mainte	1				
2217 Westover Prive					
Wanston Salem. N.C. 21103	c. Phone Number	d. Emzil Ad	iress		
Winston Salem. N.C. 27103 c. Phone Number d. Email Address					
(339) 724.5869 LBaldwin @baldwinco-com	Add.				
5. Assistant Treasurer Information Add	6. Account Information (incl. CRO-3500)  2. Financial Institution Full Name  Remove				
11 150tres.	2. Figancial Institution	Fun Ivame			
a. Full Name					
	b. Purpose				
b. Mailing Address (include City, State, and Zip Code)					
<u> </u>	<u> </u>	d. Type			
c. Phone Number d. Email Address	c. Code	<u> </u>			
C. Pague Mumor					
CERTIFICATION	,	ومناهما الماد	that no funds are commingled		
CERTIFICATION  I certify that the Committee is in compliance with all provided that the Committee is in compliance with all provided that the Committee is in compliance with all provided that the Committee is in compliance with all provided that the Committee is in compliance with all provided that the Committee is in compliance with all provided that the Committee is in compliance with all provided that the Committee is in compliance with all provided that the Committee is in compliance with all provided that the Committee is in compliance with all provided that the Committee is in compliance with all provided that the Committee is in compliance with all provided that the Committee is in compliance with all provided that the Committee is in compliance with all provided that the Committee is in compliance with all provided that the Committee is in compliance with all provided the Committee is in compliance	isions of Article 22A	incidulig	e and correct.		
I certify that the Committee is in compliance with all provide with funds for a federal or out-of-state PAC. I further say	that this report is cor	upicie, u ui	A MITA AATT TO		
with funds for a federal of our services	11/1/	•	a 14 114		
1 RRILL	VD. /2V	<u> </u>	9.19.09 Date		
Lair B. Baldwin, Jr.	Signature of Appointed Tr	easurer			
Printed Name of Signer			March :		

CRO-2100A

NC State Board of Elections

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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

Louis Barley Baldwin, Jr.
Louis Barley Baldkin, Jr.
2217 Westover Drive
Waston Salem, M.C. 27103
(336) 724-5869

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.

8-9-04 Date Signed

Signature of Candidate



#### 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 Baldwi	in for Commis	sioner Com	millee			
Treasurer Name:	Louis B.	Raddwin, Jr.					
Treasurer Address	· · ·	estaver Drive					
(include city, state, &	i /	Winston Salem N.C. 27103					
Treasurer Phone:	(336)	724-5860	1				
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	Community Bank	4701 · Country Club Road		A			
By signing this statemerovided.	ent, I authorize agents of	he State Board of Electio	ns to inspect all accou	ints			
9 - 14 - 09 Date Signed		13	Signature of Treasurer				