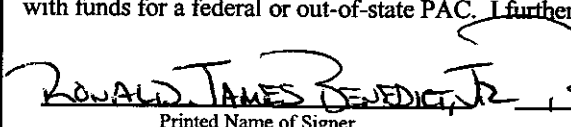
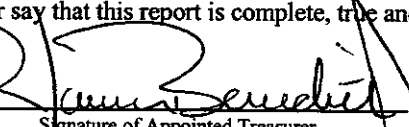


COPY

Statement of Organization - Candidate Committee

Amendment

☐ Yes☒ No

1. Committee Information			
a. Full Name		c. ID Number	
McDonough for County Commissioner		New Committee	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
8052 Glengariff Rd Clemmons, NC 27012		04/27/2004	
		e. Phone Number	
		(336) 766-5465	
2. Candidate Information		<input checked="" type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	
William Aloysius McDonough			
b. Mailing Address (include City, State, and Zip Code)		d. Party Affiliation	
8052 Glengariff Rd Clemmons, NC 27012		Democrat	
		e. Office Sought	
		Forsyth County Commissioner	
		f. Jurisdiction	
		District B	
		<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Ronald James Benedict, Jr.		Ronald James Benedict, Jr.	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
3965 Rosebriar Ln Winston Salem, NC 27106		3965 Rosebriar Ln Winston Salem, NC 27106	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(336) 922-6467	jbenedict@prodigy.net	(336) 922-6467	jbenedict@prodigy.net
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
<input type="checkbox"/> Add		<input type="checkbox"/> Add	
<input type="checkbox"/> Remove		<input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
Not Applicable		Wachovia Bank, N.A.	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		General Operating Expenses	
c. Phone Number	d. Email Address	c. Code	d. Type
		1	Demand Deposit
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.			
			
Printed Name of Signer		Signature of Appointed Treasurer	
		Date	
		4/27/2004	

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

Certification of Treasurer

FILED BY:

Candidate Name: William Aloysius McDonough

Treasurer Name: Ronald James Benedict, Jr

Treasurer Address: 3965 Rosebriar Ln.
(include city, state, & zip) Winston Salem, NC 27106

Treasurer Phone: 336 922-6467

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.

04/27/2004

Date Signed

William Aloysius McDonough
Signature of Candidate



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: McDonough for County Commissioner
Treasurer Name: Ronald James Benedict, Jr.
Treasurer Address: 3965 Rosebriar Lane
(include city, state, & zip) Winston Salem, NC 27106

Treasurer Phone: 336 922-6467

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
Demand Deposit	Wachovia Bank, N.A.	100 N. Main St,	[REDACTED]	1

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

04/27/2004

Date Signed

Ronald James Benedict, Jr.
Signature of Treasurer