

## Statement of Organization - Candidate Committee

Amendment

☐ Yes ☐ No

1. Committee Information			
a. Full Name		c. ID Number	
N/A		N/A	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
N/A		N/A	
		e. Phone Number	
		N/A	
<input type="checkbox"/> Candidate's Primary Committee			
2. Candidate Information			
a. Full Name		c. Candidate ID Number	d. Party Affiliation
DEWEY L ROBERTSON		N/A	NONPARTISAN
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
427 WESTBOURNE CT KERNERSVILLE, N.C. 27284		FORSYTH CO SOIL & WATER BOARD (If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	FORSYTH
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
DEWEY L ROBERTSON		SAME	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
427 WESTBOURNE CT KERNERSVILLE, N.C. 27284		SAME	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
996-3295	DLR@TRICORR.COM		SAME
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
N/A			
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
N/A		N/A	
c. Phone Number	d. Email Address	c. Code	d. Type
N/A	N/A		
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.			
DEWEY L ROBERTSON		10/21/03	
Printed Name of Signer		Signature of Appointed Treasurer	

CRO-2100A

NC State Board of Elections

May 2003

RECEIVED  
2003 OCT 21 PM 7:09  
FORSYTH COUNTY

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**

*write in only!*

**FILED BY:**

Candidate Name:

*NO COMMITTEE FORMED.*

Treasurer Name:

*NO TREASURER ASSIGNED.*

Treasurer Address:

*NO MONEY SPENT OR TO  
BE SPENT.*

(include city, state, & zip)

Treasurer Phone:

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.

*10-21-04*

Date Signed

*Denny L. Robertson*  
Signature of Candidate

North Carolina  
State Board of Elections  
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(919) 733-7173  
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**Confidential**

**Certification of Financial Account Information**

**FILED BY:**

Committee Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

*Write in only!*

*NO COMMITTEE*

*NO TREASURER*

*N/A*

*N/A*

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
<i>NO accounts</i>				

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

*10-21-04*  
Date Signed

*Deputy Robertson*  
Signature of Treasurer  
*candidate*

North Carolina  
State Board of Elections

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**Additional account numbers:**

Type of account	Financial Institution	Address	Account Number	Code
Write in only!				
<u>NO accounts</u>				

10-21-04  
Date Signed

Drewy Edstrom  
Signature of Treasurer  
candidates

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**Certification of Threshold**

**FILED BY:**

Committee Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

Check One:

☐ I certify that this committee intends to neither receive nor expend more than \$3,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$3,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

☐ I am withdrawing my Certification to remain under the \$3000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

10-21-04  
Date Signed

Henry Robertson  
Signature