

Statement of Organization - Candidate Committee

Amendment

☐ Yes

☐ No

1. Committee Information					
a. Full Name GEORGE ALBERT WRIGHT				c. ID Number	
b. Mailing Address (include City, State and Zip Code) 4820 SPILSBY LN WINSTON-SALEM NC 27104				d. Date Organized	
				e. Phone Number 336-765-5915	
2. Candidate Information				<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name GEORGE ALBERT WRIGHT		c. Candidate ID Number		d. Party Affiliation UNAFFILIATED	
b. Mailing Address (include City, State, and Zip Code) 4820 SPILSBY LN. WINSTON-SALEM NC 27104		e. Office Sought SOIL AND WATER CONSERVATION DISTRICT SUPERVISOR		f. Jurisdiction FORSYTH	
		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name GEORGE ALBERT WRIGHT			a. Full Name		
b. Mailing Address (include City, State, and Zip Code) 4820 SPILSBY LN WINSTON-SALEM NC 27104			b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number 336-765-5915	d. Email Address AWRIGHT43@AOL.COM		c. Phone Number	d. Email Address	
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name		
<input type="checkbox"/> Add <input type="checkbox"/> Remove			<input type="checkbox"/> Add <input type="checkbox"/> Remove		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
c. Phone Number	d. Email Address	c. Code	d. Type		
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.					
GEORGE A. WRIGHT		George A Wright		10-22-04	
Printed Name of Signer		Signature of Appointed Treasurer		Date	



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:

NONE

Committee Name:

Treasurer Name:

GEORGE ALBERT WRIGHT

Treasurer Address:

4820 SPILSBY LN

(include city, state, & zip)

WINSTON-SALEM NC 27104

Treasurer Phone:

336-765-5915

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

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

10-22-04

Date Signed

George Wright
Signature of Treasurer

CRO-3500

Certification of Financial Account Information

March 2003

I PLAN TO RECEIVE, LOAN, BORROW, NOR OTHERWISE OBTAIN ANY MONEY FOR THIS CAMPAIGN.



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Certification of Treasurer

FILED BY:

Candidate Name:

GEORGE ALBERT WRIGHT

Treasurer Name:

GEORGE ALBERT WRIGHT

Treasurer Address:

4820 SPILSBY LN

(include city, state, & zip)

WINSTON-SALEM NC 27104

Treasurer Phone:

336-765-5915

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.

10-22-04

Date Signed

George A Wright

Signature of Candidate



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Fax: (919) 715-8047

Certification of Threshold

FILED BY:

Committee Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

GEORGE ALBERT WRIGHT
4820 SPILSBY LN
WILSON SALEM NC 27104

Treasurer Phone:

336-765-5915

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.

10-22-04
Date Signed

George A Wright
Signature