Statemen	t of Organization - C	andidate	Comica	PY	Amend Ye	_
1. Committee						<u></u>
a. Full Name	<del></del>				c. ID Numbe	er
Brooke Cashion for Alderman					IKY519	
b. Mailing Addre	ss (include City, State and Zip Code	)			d. Date Orga	nized
684 Doe Run Dr. Kernersville, NC 27284					7/30/05 c. Phone Number	
2. Candidate II	oformation		Candidate's I	rimary Commi	ttee	
a. Full Name			c. Candidate ID Nu			liation
Brooke Whitley Cashion			IKYSI	19	100 - pa	irtisan
<ul> <li>b. Mailing Address</li> </ul>	(include City, State, and Zip Code)		e. Office Sought	e Sought f. Jurisdict		f. Jurisdiction
684 Doe Run Or Kernersville, NK 27284			Ader (If office sought		write "Non	partisan" in [A]
	•		(1) Office sough	2 nonpareisan, Party Affili		om asan in fuj
3. Treasurer Information			4. Custodian of Books Information			
a. Full Name			a. Full Name			
Brooke Whitley Cashion			Jacob (Jake) Cashion			
. Mailing Address (	include City, State, and Zip Code)		b. Mailing Address (i			e)
Same as above			684 Ope Run Dr. Kernersville, NC 27284			
Phone Number	d. Email Address		c. Phone Number	d. Email Addre		
			996-1984	jake ca	shionet	riadr.cm
. Assistant Trea:	surer Information L	Add	6. Account Information (incl. CRO-3500) Add			
Full Name	<u>[C</u>	Remove	a. Financial Institution Full Name Remove			
	·	i	ľ		-*	
Mailing Address (in	clude City, State, and Zip Code)		b. Purpose			<del></del>
<u> </u>						<del></del>
					•	1
hone Number d. Email Address			c. Code	d. Type		
RTIFICATION	<b>(</b> 					`

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

CRO-2100A

NC State Board of Elections

May 2003

8- 3002 PM 8: 23



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:	Brooke Cashion
Treasurer Name:	Brooke Cashion
Treasurer Address:	684 Doe Run Dr.
(include city, state, & zip)	Kernersville, NC 27284
Treasurer Phone:	336-996-1984
he duties and responsibilities	nation is correct, and I, as candidate, appoint said treasurer to personally fulfill simposed upon the appointed treasurer and subject to the penalties and Regulation of Election Campaigns of Chapter 163 of the North Carolina
	Treasurer changes, it will be necessary to certify a new treasurer and amend anization within 10 days of the vacancy.
8 4 05	Ble D. Casl Signature of Candidate



Kimberly Westbrook Deputy Director - Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

## **Certification of Threshold**

FILED BY:	
Committee Name:	Brooke Cashion for Alderman
Treasurer Name:	Brooke Cashion
Treasurer Address:	684 Doe Run Or.
(include city, state, & zip)	Kernensville, NC 27284
•	
Treasurer Phone:	336-996-1984
election cycle under the proce until the end of the election cy expenditures during this election of elections and file required of THIS DECLARATION CAN  I am withdrawing my Ce file the next scheduled report if	titee intends to neither receive nor expend more than \$3,000 during the current edures set forth in G.S. 163-278.10A. This certification will remain in effect yele for this committee. If this committee exceeds \$3,000 in contributions or ion cycle, I understand that I must immediately notify the appropriate board campaign finance reports.  ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.  Triffication to remain under the \$3000 threshold. I will now be required to for all contributions and expenditures that have not been previously reported ent election cycle. I further agree to file all future reports required.
Date Signed	Inkew. Ush



State Board of Elections 506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook Deputy Director - Campaign Reporting

FILED BY:

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

# Confidential

## **Certification of Financial Account Information**

Committee Name	UI UU. U		Vdesman	
Treasurer Name:	Brooke	Cashion		•
Treasurer Addres	s: <u>684 Doe</u>	Run Dr.		
(include city, state, &	zip) Kernersvil	1k, NC 27	1284	
Treasurer Phone:	336- 99	6-1984		
for the above named accounts, money mar Committee.  The information provide information prova court of competent jurious provide account information.	mation provided below is to Committee. These account ket or savings accounts, or ided on this form is considered would only be used four is disclosured disclosured disclosured on the presume account number is presume	numbers include all band any other financial account ared confidential and is not the purposes of an audit ssary to assign each account are reports. If an account	k accounts utilized, c unt used for any purp ot subject to public d t or investigation or a unt number a "code"	redit card lose by the lisclosure. las required by lin order to
Type of account	Financial Institution	Address	Account Number	Code
checking	RBC Centura	Kernersvill NC	1	
By signing this statement provided.	ent, I authorize agents of th	Ble	w. Chal	unts ?
Date Signed		•	Signature of Treasurer	
	ount information, I certify . (Only candidates may cha		not raise or spend an	y money
Date Signed	_	S	Signature of Candidate	