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

Kimberly Westbrook
Deputy Director – Campaign Reporting

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Certification of Treasurer

FILED BY:

Candidate Name: Brooke Cashion
Treasurer Name: Brooke Cashion
Treasurer Address: 5953 Kenton Dr.
(include city, state, & zip) Kernersville NC 27284

Treasurer Phone: 336-800-1234 996-1984

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.

10/6/05
Date Signed

Brooke Cashion
Signature of Candidate

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Statement of Organization - Candidate Committee

Amendment

☐ Yes

☐ No

1. Committee Information			
a. Full Name		c. ID Number	
Brooke Cashion for Alderman		IKY519	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
5953 Kenton Dr. Kernersville, NC 27284		7/30/05	
		e. Phone Number	
		336 996-1984	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Brooke Whitley Cashion		IKY519	non-partisan
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
5953 Kenton Dr. Kernersville, NC 27284		Alderman	
		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Brooke Whitley Cashion		Jacob (Jake) Cashion	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
Same as above		5953 Kenton Dr. Kernersville NC 27284	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
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.			
Brooke W. Cashion		Brew. Cask	
Printed Name of Signer		Signature of Appointed Treasurer	
		10/6/05	
		Date	

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NC State Board of Elections

May 2003

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