



**COPY**

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: Charona Turner Remillard

Treasurer Name: Same

Treasurer Address: 4100 New Welkortown Road

(include city, state, & zip) Winston-Salem, NC 27105

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.

8-5-05

Date Signed

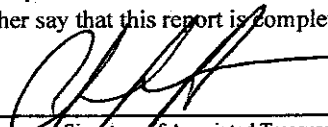
[Signature]  
Signature of Candidate

RECEIVED

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# Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

<b>1. Committee Information</b>					
a. Full Name				c. ID Number	
Charona Turner Remillard for Council					
b. Mailing Address (include City, State and Zip Code)				d. Date Organized	
4100 New Walkertown Road Winston-Salem, NC 27105				8-5-05	
				e. Phone Number	
				336-595-9486	
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		c. Candidate ID Number		d. Party Affiliation	
Charona Turner Remillard				Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought		f. Jurisdiction	
4100 New Walkertown Road Winston-Salem, NC 27105		Councilman of Walkertown		Walkertown	
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)					
<b>3. Treasurer Information</b>			<b>4. Custodian of Books Information</b>		
a. Full Name			a. Full Name		
Same			Same		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
<b>5. Assistant Treasurer Information</b>			<b>6. Account Information (incl. CRO-3500)</b>		
a. Full Name			a. Financial Institution Full Name		
			NIA		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
c. Phone Number	d. Email Address	c. Code	d. Type	c. Phone Number	d. Type
<b>CERTIFICATION</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.					
Charona Turner Remillard				8-5-05	
Printed Name of Signer		Signature of Appointed Treasurer		Date	



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**Certification of Threshold**

**FILED BY:**

Committee Name: Charona Turner Remillard for Council  
Treasurer Name: Charona Turner Remillard  
Treasurer Address: 4100 New Walkertown Road  
(include city, state, & zip) Winston-Salem, NC 27105

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.

05-05  
05-05

Date Signed

Signature



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**Confidential**

**Certification of Financial Account Information**

**FILED BY:**

Committee Name: Charona Turner Remillard for Council  
Treasurer Name: Charona Turner Remillard  
Treasurer Address: 4100 New Walkertown Road  
(include city, state, & zip) Winston-Salem, NC 27105  
Treasurer Phone: 336 595-9486

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

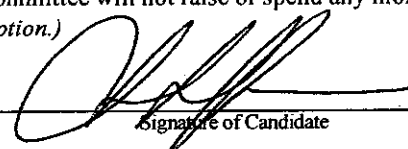
By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

8-5-05  
Date Signed

  
Signature of Candidate