

727-2893

## Statement of Organization - Candidate Committee

Amendment

☐ Yes☐ No

COPY

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
Antonio Jermaine Baxter Fund		K2Y38K	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
1319 Pleasant Street		7-11-05	
Winston-Salem, NC 27107		e. Phone Number	
		336-788-2339	
<b>2. Candidate Information</b>		<input checked="" type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
<del>Winston</del> Antonio Jermaine Baxter		Democratic	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
1319 Pleasant Street	City Council	SE	
(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		
Antonio Jermaine Baxter	Antonio Jermaine Baxter		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
1319 Pleasant Street			
Winston-Salem, NC 27107			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
	abaxter@chccs.k12.nc.us		
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		Wachovia	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Code	d. Type
		1906	checking
<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.			
Antonio Jermaine Baxter		7-11-05	
Printed Name of Signer		Signature of Appointed Treasurer	

CRO-2100A

NC State Board of Elections

May 2003

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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:

Antonio Termaine Baxter

Treasurer Name:

Antonio Termaine Baxter

Treasurer Address:

1319 Pleasant Street

(include city, state, & zip)

Winston-Salem, NC 27107

Treasurer Phone:

336-786-2339

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.

7-17-05  
Date Signed

Antonio Termaine Baxter  
Signature of Candidate



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State Board of Elections

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Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

**Certification of Threshold**

**FILED BY:**

Committee Name:

Antonio Jermaine Baxter Fund

Treasurer Name:

Antonio Jermaine Baxter

Treasurer Address:

1319 Pleasant Street

(include city, state, & zip)

Winston-Salem, NC 27107

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.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

☐ 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.

7-11-05

Date Signed

Antonio J. Baxter  
Signature



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(919) 733-7173  
Fax: (919) 715-8047

**Confidential**

**Certification of Financial Account Information**

**FILED BY:**

Committee Name: Antonio Termaine Baxter Fund  
Treasurer Name: Antonio Termaine Baxter  
Treasurer Address: 1319 Pleasant street  
(include city, state, & zip)  
Treasurer Phone: 336-788-2339

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.)

7-11-05  
Date Signed

Antonio J. Baxter  
Signature of Candidate