

Statement of Organization - Candidate Committee

COPY

Amendment

☐ Yes

☐ No

1. Committee Information			
a. Full Name		c. ID Number	
David Crawford for City Council		R6Y6YB	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
X 3500 Vest Mill Rd H22 Winston-Salem, NC, 27105		7/6/2005	
		e. Phone Number	
		336-987-7039	
2. Candidate Information			
<input checked="" type="checkbox"/> Primary Candidate Committee			
a. Full Name		b. Candidate ID Number	
David Crawford			
c. Office Sought	d. District/County/Municipality	e. Party Affiliation	
Southwest Ward, W-S City Council	Winston-Salem	Republican	
(If office sought is nonpartisan, write "Nonpartisan" in [e] Party Affiliation.)			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
David Sean Craig		Same as Treasurer	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
5255 Shattalon Dr. W-S, NC 27106			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-995-6562	craig500@yahoo.com		
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
N/A		BB&T	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Checking Account	
c. Phone Number	d. Email Address	c. Code	d. Type
			Checking
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.			
Brandon Sean Craig		7/7/2005	
Printed Name of Signer		Signature of Appointed Treasurer	
		Date	

CRO-2100A

NC State Board of Elections

March 2003

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BOARD OF ELECTIONS



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:

DAVID Crawford

Treasurer Name:

Sean Craig

Treasurer Address:

5255 Shattalon Drive

(include city, state, & zip)

Winston Salem NC 27106

Treasurer Phone:

336 995 6562

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.

07-07-05
Date Signed


Signature of Candidate



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:

Committee Name: Crawford for City Council
Treasurer Name: B. Sean Craig
Treasurer Address: 5255 Shattalon
(include city, state, & zip) W-S, NC 27106
Treasurer Phone: (336) 955-6562

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
Checking	BBET	2815 Reynolds Rd W-S, NC 27106	[REDACTED]	BBT-1

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

7/7/2005
Date Signed

[Signature]
Signature of Candidate or 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.)

7/7/2005
Date Signed

[Signature]
Signature of Candidate or Treasurer