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FORSYTH COUNTY

North Caroline HAR - | PM 3: 20

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:	Diana Williams-Cotton
Treasurer Name:	Deena Move Livingston
Treasurer Address:	\$12 Guilford College DD. dd. A.
(include city, state, & zip)	Greensboro, NC 27409
Treasurer Phone:	B30 986-6194

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.

Date Signed

Signature of Candidate

#### Statement of Organization - Candidate Committee ☐ Yes ☐ No 1. Committee Information . Fuli Name c. ID Number iam Williams-Coffee b. Mailing Address (include City, State and Zip Code) d. Date Organized m-Salem, NC 27/08 e. Phone Number 2. Candidate Information Candidate's Primary Committee . Full Name c. Candidate ID Number d. Party Affiliation Dillioms-Mailing Address (include City, State, and Zip Code) e. Office Sought f. Jurisdiction In Saler, NC 2715 (If office sought/is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.) 3. Treasurer Information 4. Custodian of Books Information Full Name a. Full Name . Mailing Address (include City, State, and Zip Code) b. Mailing Address (include City, State, and Zip Code) Phone Number d. Email Address d. Email Address M3 @ Yoko com 5. Assistant Treasurer Information Add 6. Account Information (incl. CRO-3500) Add . Full Name Remove Financial Institution Full Name Remove b. Mailing Address (include City, State, and Zip Code) c. Phone Number d. Email Address c. Code 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.

NC State Board of Elections

CRO-2100A

Amendment

May 2003



#### State Board of Elections 506 N Hamington Street Raleigh, NC 27603

Kimberly Westbrook Deputy Director - Campaign Reporting

FILED BY:

Committee Name:

Treasurer Name:

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

### Confidential

## **Certification of Financial Account Information**

Treasurer Addre	ss: 412 A	Gulford C	Ellege Low	2
(include city, state,	& zip) Stursk	10,42 E	17409	
Treasurer Phone	(336) 9	786-6194		
for the above named	Committee. These accou	s true and accurate. I am p nt numbers include all ban or any other financial acco	k accounts utilized, c	redit card
a court of competent j provide account infor	rided would only be used furisdiction. It will be nec	dered confidential and is no for the purposes of an auditiessary to assign each account sure reports. If an account ted to have been waived.	t or investigation or a unt number a "code"	is required by in order to
Type of account	Financial Institution	Address	Account Number	Code
Business Cha	JUNTIUST Kink	4306 N. Libera	57	3. ***
	,	WINSTON SAMMA	e 77:05	
3/1/06	ent, I authorize agents of t	he State Board of Election		nts
Date Signed	<del>_</del>		Signature of Treasurer	
In lieu of providing acceedence except for the filing fee.	ount information, I certify (Only candidates may ch	that this committee will a	not raise or spend any	money
3/1/04 Date Signed	<del></del>	Glians	Intliance gnature of Candidate	-Corbber
CRO-3500	Certification of Fine	ancial Account Informatio	n M	arch 2003



Kimberly Westbrook Deputy Director - Campaign Reporting

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# **Certification of Threshold**

FILED BY:	
Committee Name:	Committee to Elect Diana Williams-Cots
Treasurer Name:	Desens Mouse
Treasurer Address:	412 Guilford College Road Ant A
(include city, state, & zip)	Green Sono, Me 29409
Treasurer Phone:	(334) 986 -4194
until the end of the election c expenditures during this elect of elections and file required	ittee 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 tion cycle, I understand that I must immediately notify the appropriate board campaign finance reports.  ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.
I am withdrawing my Ce	ertification 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.
3/1/04	Man Vall Mr.

Date Signed