



**COPY**

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

Kimberly Westbrook  
Deputy Director – Campaign Reporting

Mailing Address  
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### Certification of Treasurer

**FILED BY:**

Candidate Name:

Timothy Samuels, Sr

Treasurer Name:

Timothy Samuels, Sr.

Treasurer Address:

405 Wesley Park Drive

(include city, state, & zip)

Kernersville, NC 27284

Treasurer Phone:

(336) 993-7936

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.

2-24-06  
Date Signed

Timothy Samuels, Sr.  
Signature of Candidate

RECEIVED

2006 FEB 24 PM 12:30

Certification of Treasurer

March 2003

CRO-3100

FORSYTH COUNTY  
BOARD OF ELECTIONS

# Statement of Organization - Candidate Committee

Amendment

☐ Yes ☐ No

## 1. Committee Information

a. Full Name	Samuels For County Commissioner	c. ID Number	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
405 Wesley Park Drive Kernersville, NC 27284		2-23-06	
		e. Phone Number	
		(336) 993-7936	

## 2. Candidate Information

☒ Primary Candidate Committee

a. Full Name	Timothy Samuels, Sr		b. Candidate ID Number	
c. Office Sought	d. District/County/Municipality	e. Party Affiliation		
County Commissioner		Democratic		
(If office sought is nonpartisan, write "Nonpartisan" in [e] Party Affiliation.)				

## 3. Treasurer Information

a. Full Name	Timothy Samuels, Sr		
b. Mailing Address (include City, State, and Zip Code)	405 Wesley Park Drive Kernersville, NC 27284		
c. Phone Number	d. Email Address		
336 993-7936	TSamuels@Triad.rr.com		

## 4. Custodian of Books Information

a. Full Name			
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address		

## 5. Assistant Treasurer Information

☐ Add  
☐ Remove

a. Full Name			
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address		

## 6. Account Information (incl. CRO-3500)

☐ Add  
☐ Remove

a. Financial Institution Full Name			
b. Purpose			
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.

Timothy Samuels, Sr. *Timothy Samuels, Sr.* 2-24-06  
Printed Name of Signer Signature of Appointed Treasurer Date