



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:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

JOSEPH H. FITTS
JOSEPH H. FITTS
PO Box 15051 ARDMORE STATION
WINSTON-SALEM
NORTH CAROLINA 27113-0051

336-760-3400

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.

3-10-06

Date Signed

JOSEPH H. FITTS
Signature of Candidate

RECEIVED

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Certification of Treasurer

March 2003

FORSYTH COUNTY
BOARD OF ELECTIONS

Statement of Organization - Candidate Committee

Amendment

☐ Yes

☐ No

1. Committee Information

a. Full Name

COMMITTEE TO ELECT JOE PITTS ^{SHERIFF OF} FORSYTH COUNTY

c. ID Number

b. Mailing Address (include City, State and Zip Code)

PO BOX 15051
ARMORE STATION
WINSTON-SALEM
NORTH CAROLINA 27113-0051

d. Date Organized

02-28-06

e. Phone Number

336-760-3400

2. Candidate Information

☐ Primary Candidate Committee

a. Full Name

JOSEPH HARRISON PITTS

b. Candidate ID Number

c. Office Sought

COUNTY SHERIFF

d. District/County/Municipality

FORSYTH COUNTY

e. Party Affiliation

DEMOCRAT

(If office sought is nonpartisan, write "Nonpartisan" in [e] Party Affiliation.)

3. Treasurer Information

a. Full Name

JOSEPH HARRISON PITTS

4. Custodian of Books Information

a. Full Name

JOSEPH HARRISON PITTS

b. Mailing Address (include City, State, and Zip Code)

PO BOX 15051 ARMORE STATION
WINSTON-SALEM, NC 27113-0051

b. Mailing Address (include City, State, and Zip Code)

PO BOX 15051 ARMORE STATION
WINSTON-SALEM, NC 27113-0051

c. Phone Number

336-760-3400

d. Email Address

N/A

c. Phone Number

336-760-3400

d. Email Address

N/A

5. Assistant Treasurer Information

☐ Add

☐ Remove

a. Full Name

N/A

b. Mailing Address (include City, State, and Zip Code)

N/A

c. Phone Number

N/A

d. Email Address

N/A

6. Account Information (incl. CRO-3500)

☐ Add

☐ Remove

a. Financial Institution Full Name

STATE EMPLOYEES
CREDIT UNION

b. Purpose

ELECTION CHECKING ACCOUNT

c. Code

1941

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.

JOSEPH H. PITTS

Printed Name of Signer

JOSEPH H. PITTS

Signature of Appointed Treasurer

3-10-06

Date



North Carolina
State Board of Elections

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Deputy Director - Campaign Reporting

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

Certification of Threshold

FILED BY:

Committee Name: COMMITTEE TO ELECT JOE PITT SHERIFF OF FORTH COUNTY

Treasurer Name: JOSEPH H. PITT

Treasurer Address: PO BOX 15051 ARDMORE STATION

(include city, state, & zip) WINSTON-SALEM

NORTH CAROLINA 27113-0051

Treasurer Phone: 336-760-3400

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.

3-10-06

Date Signed

JOSEPH H. PITT
Signature



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State Board of Elections
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Kimberly Westbrook
Deputy Director – Campaign Reporting

Mailing Address
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Fax: (919) 715-8047

Confidential

Certification of Financial Account Information

FILED BY:

Committee Name: COMMITTEE TO ELECT JOE PITTS Sheriff of Forsyth County
Treasurer Name: JOSEPH H. PITTS
Treasurer Address: PO Box 15051 ARMORE SATON
(include city, state, & zip) WINSTON-SALEM, NORTH CAROLINA 27113-0051
Treasurer Phone: 336-760-3400

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
SPECIAL CHECKING	STATE EMPLOYEES' CREDIT UNION	134 S. STATION ROAD WS, NC 27104	[REDACTED]	1941

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

3-10-06
Date Signed

JOSEPH H. PITTS
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.)

Date Signed

Signature of Candidate or Treasurer