



**COPY**

**North Carolina  
State Board of Elections**

506 N Harrington Street  
Raleigh, NC 27603

Kimberly Westbrook-Strach  
Deputy Director – Campaign Reporting

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

**Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

**FILED BY:**

Candidate Name: NANCY YOUNG  
Treasurer Name: MARIAN K. O'NEAL  
Treasurer Address: 608 BRADWYCK LANE  
(include city, state, & zip) WINSTON-SALEM, NC 27104  
Treasurer Phone: 336-760-6936

FILED  
FEB 25 PM 2:50

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. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

2/25/08  
Date Signed

Nancy D. Young  
Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

# Statement of Organization - Candidate Committee

Amendment

☐ Yes ☒ No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500.

1. Committee Information			
a. Full Name		c. ID Number	
NANCY YOUNG FOR COUNTY COMMISSIONER		3CQXF2	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
608 BRAEWYCK LANE WINSTON-SALEM, NC 27104		2/14/08	
		e. Phone Number	
		336-760-6936	
2. Candidate Information			
a. Full Name		c. Candidate ID Number	d. Party Affiliation
NANCY YOUNG		3CQXF2	DEMOCRAT
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
2061 POLO ROAD WINSTON-SALEM, NC 27106		FORSYTH COUNTY COMMISSIONER	DISTRICT B
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information		4. Custodian of Funds Information	
a. Full Name		a. Full Name	
MARIAN K. O'NEAL		MARIAN K. O'NEAL	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
608 BRAEWYCK LANE WINSTON-SALEM, NC 27104		608 BRAEWYCK LANE WINSTON-SALEM, NC 27104	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-760-6936	MKONEAL@TRIAD.RR.COM	336-760-6936	MKONEAL@TRIAD.RR.COM
5. Assistant Treasurer Information		6. Account Information	
a. Full Name		a. Financial Institution Full Name	
		WACHOVIA BANK	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		FOR ALL CAMPAIGN EXPENSES	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		1	CHECKING
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22b, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.			
MARIAN K. O'NEAL		Marian K. O'Neal	2/25/08
Printed Name of Signer		Signature of Appointed Treasurer	Date



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2008 FEB 25 PM 2:50

RECEIVED

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**Confidential**

**Certification of Financial Account Information**

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

**FILED BY:**

Committee Name: NANCY YOUNG FOR COUNTY COMMISSIONER  
Treasurer Name: MARIAN K. O'NEAL  
Treasurer Address: 608 BRAEWYCK LANE  
(include city, state, & zip) WINSTON-SALEM, NC 27104  
Treasurer Phone: 336-760-6936

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 "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	Wachovia Bank	3375 Robinhood Rd Winston-Salem, NC 27106	[REDACTED]	1

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

02/25/08

Date Signed

Nancy Young

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