

Statement of Organization - Candidate Committee

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.

Amendment
☐ Yes ☐ No

2009 JUL 21 AM 9:19

1. Committee Information			
a. Full Name Rosalie Horton Horton for Town Commissioner		c. ID Number 4C619D	
b. Mailing Address (include City, State and Zip Code) P.O. Box 143 Bethania, NC 27010		d. Date Organized 7/06/09	
		e. Phone Number 336-922-9998	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name Rosalie Hanes Horton		c. Candidate ID Number 4C619D	d. Party Affiliation Independent
b. Mailing Address (include City, State, and Zip Code) PO Box 143 Bethania, NC 27010		e. Office Sought TOWN OF BETHANIA Commissioner	
		f. Jurisdiction Bethania	
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Rosalie H Horton		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) PO Box 143 Bethania, NC 27010		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 922-9998	d. Email Address 94ps4rosalie@mac.com	c. Phone Number	d. Email Address
5. Assistant Treasurer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		6. Account Information (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
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.			
Rosalie H Horton		Rosalie Horton	
Printed Name of Signer		Signature of Appointed Treasurer	
		7/6/09	
		Date	



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

FORSYTH COUNTY
BOARD OF ELECTIONS
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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:

Rosalie H Horton

Treasurer Name:

Rosalie H Horton

Treasurer Address:

PO BOX 143

(include city, state, & zip)

Bethania NC

27010

Treasurer Phone:

336-922-9998

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).

7/6/09

Date Signed

Rosalie H Horton

Signature of Candidate

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

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

Kimberly Westbrook-Strach
Deputy Director - Campaign Reporting

no money
at all will
be spent
or
raised
N.A.

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

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: _____
Treasurer Name: _____
Treasurer Address: _____
(include city, state, & zip) _____
Treasurer Phone: _____

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.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code

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

Date Signed

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



North Carolina
State Board of Elections
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Raleigh, NC 27603

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

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Raleigh, NC 27611-7255
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Additional account numbers:

Type of Account	Financial Institution	Address	Account Number	Account Code

Date Signed

Signature of Candidate or Treasurer



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Certification of Threshold

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$3,000 in the current election cycle

FILED BY:

Committee Name:

Rosalie H Horton for Town Commissioner

Treasurer Name:

Rosalie H Horton

Treasurer Address:

PO Box 143

(include city, state, & zip)

Behrman, NC 27010

Treasurer Phone:

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.

7/6/09

Date Signed

Rosalie H Horton

Signature

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