

Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee.

Amendment Yes No No

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

1. Committee Information				
a. Full Name			c. ID Number	r
Cameron for Council		X	4 CQ	Q6G
b. Mailing Address (include City, State and Zip Code)			d. Date Orga	
7927 Abelia way			-Kily	8,2009
Clemmons, NC 27012		I	e. Phone Nun	
			336 76	66-6882
2. Candidate Information a. Full Name	Candidate's Pri	OX.		
	c. Candidate ID Numb	00000000000000000000000000000000000000	d. Party Affil	iation
Mary L. Cameron	4000	66	non-f	sartisan
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought			f. Jurisdiction
7927 Abelia Way Clemmons, NC 27012	Council			Clemmons
	(If office sought is		-	 partisan" in [d]
3. Treasurer Information	4. Custodian of Bo	Party Affili ooks Informa		
a. Full Name	a. Full Name	GRS THE	CIOI	
Mary L. Cameron		gettinoon on on one	AND THE PROPERTY OF THE PARTY O	Section 100 Contraction
	b. Mailing Address (inc	clude City, State	e, and Zip Cod	le) N
7927 Abelia Way	İ		1.5	S Sa
Clemmons NC 27012				E 35
c. Phone Number d. Email Address	c. Phone Number	d. Email Addre	ess 📞	- 7, 4
336 366-6882 d cameron 1@triad.rr.com				<u> </u>
E-DAI	6. Account Informa		CRO-350077	Add
A. Full Name	a. Financial Institution	•		Remove
	Wacho	»UIQ	- and the state of	Ŏ O
o. Mailing Address (include City, State, and Zip Code)	b. Purpose			
	Politica	ul Camp	paign	
. Phone Number d. Email Address c	c. Account Code	d. Туре		
	-5003-2000-2000-5000-5000-500-500-500-500-500	check	Lina	
CERTIFICATION			<u> </u>	
I certify that the Committee or Fund is in compliance with all	applicable provisio	ns 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.				
further certary that this report is complete, true and correct.			,	
many L. Cameron ///	aug T. Can	ulum	July	15 2009
Printed Name of Signer Signa	ature of Appointed Treasu	urer		Date



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 an	nd must accompany the Candidate's Statement of Organization	23
FILED BY:		285 J
Candidate Name:	Many L. Cameron	
Treasurer Name:	Many L. Cameron	T U
Treasurer Address:	7927 Abelia way	
(include city, state, & zip)	Clemmons, NC 27012	
Treasurer Phone:	336 766-6882	

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).

July 15 2009

Date Signed

May L. Camelian
Signature of Candidate

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

CRO-3100

Certification of Treasurer

June 2007



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 Threshold

This Certification is used by intent	Candidate and Party Committees only, to declare or withdraw the to raise or spend under \$3,000 in the current election cycle	committe	ee's
FILED BY:	Candidate and Party Committees only, to declare or withdraw the to raise or spend under \$3,000 in the current election cycle		9 JUL 15
Committee Name:	Cameron for Council	e e	
Treasurer Name:	Many L. Cameron		ب
Treasurer Address:	7927 Abelia Way		Ċ
(include city, state, & zip)	Clemmons, NC 22012		
Treasurer Phone:	336 766-6882		
	336 766-6882		
until the end of the election of expenditures during this election and file required THIS DECLARATION CAN I am withdrawing my file the next scheduled report	ONLY BE MADE AT THE BEGINNING OF AN ELECTION C Certification to remain under the \$3000 threshold. I will now be t for all contributions and expenditures that have not been previous	ain in eff tributions priate bo CYCLE. required	fect s or ard
rom the beginning of the cur	rent election cycle. I further agree to file all future reports required	,	
Mate Signed	May L. Camla Signature	un	i

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





North Carolina

State Board of Elections 506 N Harrington Street

Raleigh, NČ 27603 Kimberly Westbrook-Strach Deputy Director – Campaign Reporting

FILED BY:

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

Treasurer Phone:

Mailing Address PO Box 27255 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

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 savii	ngs accounts, or any other	er financial accou	nt used for any pur	pose by the Committ	ee.
information provided court of competent jur to provide account inf code", confidentiality	ded on this form is cons would only be used for isdiction. It will be necessarily on required disof the account number is	the purposes of essary to assign e sclosure reports. s presumed to have	an audit or invest ach account numbe If an account num e been waived.	igation or as require er a "account code" in ther is used as the "a	d by a n order ccount
The treasurer shall mater and in the policy of the policy	aintain all moneys of the tical committee and shall	e political commi Il not commingle	ttee in a bank acco	ount or bank account ny other moneys.	is used
Type of account	Financial Institution	Address		Account Number	Account Code
checking	wachovia	2565 Lawis	ns NC 22012 rilly-clonmons		
7					mh.C.
By signing this state provided.	ment, I authorize agents	of the State Boar	d of Elections to in	spect all accounts	
July 15 20 Pale Signed	009		Mary	J. Camero	7
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					
Date Signed			Signature o	of Candidate or Treasurer	
CRO-3500	Certification o	f Financial Acco	unt Information	Augus	t 2008