

Statement of Organization - Referendum Committee

Amendment

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

This form must be accompanied by form CRO-3500.

1. Committee Information					
a. Full Name			c. ID Number		
Common Sense Sourion.					
b. Mailing Address (include City, State and Zip Code)			d. Date Organize	d	
b. Mailing Address (include City, State and Zip Code) 299 S. WESTLIEW Dr		10/26/08			
			c. x none rumoer		
WENTRIN-SALEN, NC	- 27/0	Ý	336)94	8.0046	
2. Referendum Information a. Full Name	<u>I</u>				
	b. Date of Referendum		c. Declaration		
ForsyTH Tech Donog	1/4/0	NE I	Support Oppose		
3. Treasurer Information	4. Custodian of Bo	oks Informat	tion		
a. Full Name	a. Full Name			Card Card Card Card Card Card Card Card	
DALE FOLWELL				≥ o	
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)				
299 WESTVICE Dr			D	n an	
WISALEM NC. 27104	SAME, C. Phone Number d. Email Address 5 6				
c. Phone Number d. Email Address	c. Phone Number	d. Email Addre	ss	and the second s	
			5	in the second se	
5. Assistant Treasurer Information	6. Account Informa			Add	
a. Full Name	a. Financial Institution Full Name				
	QRE	T			
b. Mailing Address (include City, State, and Zip Code)	6. Purpose				
	B. Purpose REFERENSER COMMITTR				
c. Phone Number d. Email Address	c. Account Code	d. Type			
	A	ched	Lin.		
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.					
One towar () da in black					
Printed Name of Signer Signature of Appointed Treasurer Date					
CRO-2100E NC State Board of Elections December 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

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

Ľ	ILED	В	¥	:

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 exclusively by the political committee and shall not commingle those funds with any other moneys

Type of account

Financial Institution Address

Gode SAMPO

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

ture of Candidate or Treasurer

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LWEL

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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

Account Number

CRO-3500

Certification of Financial Account Information

August 2008

Account