

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.



1. Committee Info	mation	2000				
a. Fúll Name	The state of the s	e e e l'en returne l'en e e e en l'artife e al l'entre en le l'artife e l'en	en e	c. ID Number	er til sakrifælssagsgæri	and the state of
Schatzman for Sheriff				8 5 Y X X Z		
b. Mailing Address (include City, State and Zip Code)				d. Date Organized		
% 8	tephen C. Mathis -21 Bitting Rd, 115ton-Balem, NC 2					
25	21 Bitting Rai			e. Phone Number		
W)	nston- Salem, NC 2	27104		336-76	8-32	90
2, Candidate Infor	mation	Candidate's Primary Comm				
a. Full Name		c. Candidate ID Number		d. Party Affiliation		
William	Ti Schatgman			<u> </u>		
b. Mailing Address (inc	lude City, State, and Zip Code)	e. Office Sought		f. Jurisdiction		
		(If office sought is nonpartisa		, write "Nonpartisan" in [d]		
		Party Affiliation.)				
3. Treasurer/Information		4. Custodian of Books Information				
a. Full Name		a. Full Name				
Stephen C. Mathis						
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)				
2521 Bitting Rd, Winston-Salem, NC 27/04						
c. Phone Number	d. Email Address	c. Phone Number	e Number d. Email Address			
768-3290	smathis @ dpgcpa, com					
	rer Information. 👤 🔲 Add.	6 :Accounts talormation : //wei-CRO=3500) :				
a. Full Name		a. Financial Institution	Full Name		Remo	
N/A					70 [1]	9 D.E
b. Mailing Address (include City, State, and Zip Code)		b. Purpose			(()
					Access.	ω
c. Phone Number	d. Email Address	c. Account Code	d. Type		parameter and	
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CERTIFICATION						
I certify that the Co	ommittee or Fund is in compliance with a	ili applicable provisi	ons of Article	e 22A, 22B &	22D-22	M of
Chapter 163 of the NC General Statutes and that no funds are commined with prohibited or other non-disclosed funds. I						
•	this report is complete, true and correct.	MAMM.	\rightarrow	/	10/10	,
Steph	en C. Mathis I Name of Signer	MINION	<i></i>	12/	<u> 3/07</u>	_
Pfinted	Name of Signer	nature of Appointed Tre	surer	/	Pate	





2009 DEC -3 AMII: 32

North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director - Campaign Reporting The less than I would

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

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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).

//-24-09 Date Signed

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