



COPY

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

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

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2009 JUN 30 PM 12:11

FORSYTH COUNTY
BOARD OF ELECTIONS

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: John Hopkins
Treasurer Name: Nancy Taylor
Treasurer Address: 1708 Turfwood Drive
(include city, state, & zip) Pfafftown, NC 27040

Treasurer Phone: 336-924-3994

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).

6/27/09
Date Signed

John T. Hopkins
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

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

1. Committee Information			
a. Full Name		c. ID Number	
John Hopkins for Winston-Salem City Council		[REDACTED]	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
Post Office Box 101 Bethania, NC 27010-9800		5/28/09	
		e. Phone Number	
		336-924-9783	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		c. Candidate ID Number	d. Party Affiliation
John Hopkins			Republican
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
1635 Brightleaf Road PFAFFTOWN, NC 27040		Winston-Salem City Council - North Ward	
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Nancy Taylor			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1708 Turfwood Drive PFAFFTOWN, NC 27040			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
924-3994			
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	
		BB&T	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Checking Account	
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.			
Nancy B. Taylor		Nancy B Taylor	
Printed Name of Signer		Signature of Appointed Treasurer	
		6-27-09	
		Date	



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FORWARDED TO
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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: John Hopkins for Winston-Salem City Council
Treasurer Name: Nancy Taylor
Treasurer Address: 1708 Turfwood Drive
(include city, state, & zip) Pfafftown, NC 27040
Treasurer Phone: 336-924-3994

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
Checking	B&T	600 UNIVERSITY PKWY	[REDACTED]	5

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

6-30-09
Date Signed

Nancy B Taylor
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.)

6-30-09 NBT
Date Signed

Nancy B Taylor NBT
Signature of Candidate or Treasurer