

# 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 and must accompany the Candidate's Statement of Organization

Candidate Name:	5. Wayne Patterson		
Treasurer Name:	April Young	•	
Treasurer Address:	5071 Joshua Way Lane		200
(include city, state, & zip)	Winston- Salem, NC 27105	2	
_		<b>C</b>	7
_			- 
Treasurer Phone:	(336) 978-9805	П	3
<del>-</del>			Ų.

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).

5/27/09 Date Signed

FILED BY:

S. Way fall

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

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

Amendment		
☐ Yes	☐ No	

This form must be accompanied by forms CRO-3100 and CR	VOUMILLU N	11 7. 68		
1. Committee Information	DEFEI	/En	c. ID Number	
Patterson for City Council	RECEIV			<u> </u>
b. Mailing Address (include City, State and Zip Code)			d. Date Orgai	nized
P.O. Box 21133			5/27/	 09
Winston- Salem, NC 27120-1133			e. Phone Number	
WIND OK- JAICH, TE		i i	336-714	<u> </u>
				-00 30
2. Candidate Information a. Full Name	Candidate's Pric. Candidate ID Number		ee d. Party Affili	iation
S. Wayne Patterson			Democr	
b, Mailing Address (include City, State, and Zip Code)	e. Office Sought			f. Jurisdiction
P.O. Box 21/33	city coun	eil		North
Winston-Salem, NC 27120-1133	(If office sought is	nonpartisan, Party Affilia	<del>-</del>	
3. Preasurer Information	4). Custoguan of Bo	ooks Informati	ion	
a. Full Name	a. Full Name			
April Young			· <del></del>	
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (in	clude City, State	, and Zip Cod	le)
5071 Joshua Way Lane				
Winston-Salem, NC 27105				- <u></u>
c. Phone Number d. Email Address	c. Phone Number	d. Email Addre	SS	
(334) 978-9805				
5. Assistant Treasurer Information Add	6. Account into an		CRO-3500)	Add a
a. Full Name	a. Financial Institution	Full Name		Remove
·	Piedmont Adv	rantage C	redit U	nion
b. Mailing Address (include City, State, and Zip Code)	b. Purpose			
	Campaign F	inances, l	Experdish	ures, Donations
c. Phone Number d. Email Address	c. Account Code	d. Type		
	PACU	checking	Account	
I certify that the Committee or Fund is in compliance with al Chapter 163 of the NC General Statutes and that no funds are further certify that this report is complete, true and correct.  April Voung Printed Name of Signer		prohibited or c		sclosed funds.



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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:	Patterson for City Council
Treasurer Name:	April Young
Treasurer Address:	5071 Joshua Way Lane
(include city, state, & zip)	5071 Joshya Way Lane Winston-Salem, NC 27105
Treasurer Phone:	(336) 978-9805
election cycle under the procuntil the end of the election of expenditures during this election of elections and file required THIS DECLARATION CAN   I am withdrawing my 6	ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.  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 rent election cycle. I further agree to file all future reports required.
5/27/09 Date Signed	S. Wayne Patter Signature

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



# COPY

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State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director - Campaign Reporting

FILED BY:

Committee Name: Treasurer Name:

Treasurer Address:

Treasurer Phone:

(include city, state, & zip)

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

Patterson for City Council

(336) 978-9805

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.

Winston Salem, NC 27105

information provided court of competent jur to provide account inf	ded on this form is cons would only be used for isdiction. It will be necessormation on required disof the account number is	the purposes essary to assign sclosure repo	s of an audit or inve gn each account num rts. If an account n	estigation or as requiraber a "account code"	ed by a in order
The treasurer shall material m	nintain all moneys of the tical committee and shall	political con l not commin	nmittee in a bank a gle those funds with	ecount or bank account any other moneys.	nts used
Type of account	Financial Institution	Address		Account Number	Account Code
Basic Checkin	Predmont Advant Credit Union	5-2 L	0 N. Liberty 1C. 27105	54	PACU
	)				
By signing this state provided.	ment, I authorize agents	of the State E	Soard of Elections to	inspect all accounts	
5.27.09			anou	<b></b> 9a.	
Date Signed			Signatu	re of Candidate or Treasure	r
	account information, I ce fee. (Only candidates ma			raise or spend any mo	ney
Date Signed	<u> </u>		Signatu	re of Candidate or Treasure	r
CRO-3500	Certification o	f Financial A	ccount Information	Augu	st 2008



# North Carolina

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### Additional account numbers:

Type of Account	Financial Institution	Address	Account Number	Account Code
***				
· · · · · · · · · · · · · · · · · · ·				

$CRO_{-}$	3500

Date Signed

Signature of Candidate or Treasurer