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	BOARD OF	_
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# 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	***************************************	-14
☐ Yes	□ No	

1. Committee Int	ormation	All The Mindres		
a. Full Name				© ID Number
	EE TO ELECT BILL ROBERTS			X <qk69< td=""></qk69<>
b. Mailing Address (i	nclude City, State and Zip Code)			d. Date Organized
3116 Bur	rkeshore Road			2/26
Winston-	-Salem, NC 27106			March 8,2010
				336-727 - 1372
2. Candidate Info				
2. Candidate into a. Fuli Name	Jenation .	Candidate's I	rimary Commi	
	Hard Bahanta TTT		<u> </u>	2.3.7.9023424 A 443
	Hugh Roberts III	XCQK	67	Non-Partisan
b. Mailing Address (ir	nclude City, State, and Zip Code)	e. Office Sought		f. Jurisdiction
	keshore Road	Forsyth C	ounty Scho	
Winston-	Salem, NC 27106			LANGE
		(If office sought	_	write "Nonpartisan" in [d]
3. Treasurer Info	in 210a	4: Custodian of I	Party Affili	
a. Full Name		a. Full Name	ooksantetana	
William	Hugh Roberts III	SAME		3
o. Mailing Address (in	clude City, State, and Zip Code)	b. Mailing Address (i	nclude City State	e, and Zip Code)
3116 Bur	keshore Road	Same		~ ~
Winston-		Dame		r a
. Phone Number	d. Email Address	c. Phone Number	d. Email Addre	
727-1372	The state of the s			
Assistant Treasi	urer lintosmation	= 6: Account Inform		
. Full Name	Remove	a. Financial Institutio		Remove
NOI	NE	1)6	NR	Committee of the Commit
. Mailing Address (inc	lude City, State, and Zip Code)	b. Purpose		
			<u>gent sekt gefleter.</u>	
				1
Phone Number	d. Email Address	c. Account Code	d. Type	
1400	The state of the s		7, 2314	
EDTIFICATION	A CONTROL OF THE PROPERTY OF T			
ERTIFICATION  Lecrify that the Co	ommittee or Fund is in compliance with	all annlicable provice	one of Action (	224 22B 6 22B 2014 - 5
Chapter 163 of the	NC General Statutes and that no funds	are commingled with	prohibited or o	other non-disclosed funds. T
further certify that	this report is complete, true and correct			Totalogue Initial. 1
William H	I. Roberts III 4	2-11 /	$\mathcal{Y}_{s}$	March 8, 2010
Printed	Name of Signer S	ignature of Appointed Trea	surer	Date
				1





### 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

FILED BY:			
Candidate Name:	William Hugh Roberts III		
Treasurer Name:	William Hugh Roberts III		
Treasurer Address:	3116 Burkeshore Road, Winston-Salem,	NC	27106
(include city, state, & zip)			
			2010
Treasurer Phone:	336 - 727 - 1372	J.	I S
		C	~-8
I certify that the above information the duties and responsibilities	nation is correct, and I, as candidate, appoint said treasurer to persist imposed upon the appointed treasurer and subject to the penalt	ersonally	fulfill
sanctions in Subchapter VIII.	Regulation of Election Campaigns of Chapter 163 of the North	Cardin	, 15 18 18
General Statutes.	•		
he existing Statement of Org	Treasurer changes, it will be necessary to certify a new treasurer anization within 10 days of the vacancy. I further understand the training by the State Board of Elections within three months icle 163.278.9(k).	at the ab	nend
•	1	0	
March 8, 2010	W. M. Role	$\ell_{\prec}$	
Date Signed	Senaure of Candidate	<del>\                                    </del>	

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 to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

FILED BY:		1	
Committee Name:	Committee TO Bruct Blue	Romm	4-1
Treasurer Name:	Committee TO BLUET BILL WILLIAM HOLD RESIDER THE		_
Treasurer Address:	3116 BUNKAHOUR RB		_
(include city, state, & zip)	W-5 NC 27106	20	- >~
		<b>7 \$</b>	ŞΩ. ŞΩ.
		***	-R.S.
Treasurer Phone:	336-727-1372	<u> </u>	THE
election cycle under the procuntil the end of the election of expenditures during this elections and file required THIS DECLARATION CAN  I am withdrawing my C to file the next scheduled reference.	ONLY BE MADE AT THE BEGINNING OF AN ELECTION Control of the state of t	nain in effect atributions or opriate board CYCLE.  be required a previously	DUNIY
3/8/2010  Date Signed	of the current election cycle. I further agree to file all future reports	required.	
Note: This Certification is to l	he filed at the Flection Roard where the committee's commoian renew	to ove filed	

CRO-3600

Certification of Threshold

December 2009





#### North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director - Campaign Reporting

CRO-3500

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

August 2008

Confidential
Certification of Financial Account Information

Ce	rtification of l	Financial	Account Info	rmation	=	3 👳
				n for all financial according for all financial according for form		DARD OF
FILED BY:					Li.	<b>o</b>
Committee Name:	COMMIT	TTEE TO E	LECT BILL RO	BERTS	C C	3 8
Treasurer Name:	Wilian	n H. Robe	rts III			<u>يَ</u> بو
Treasurer Address:	3116 I	Burkeshor	e Road			ිණි රි මො —
(include city, state, & z	ip) Winsto	on-Salem,	NC 27106			_
Treasurer Phone:	336 -	727 - 13	72			
certify that the informat ne above named Commit noney market or savings	tee. These account r	numbers inclu	le all bank account	s utilized, credit card	accounts,	
o provide account inform ode", confidentiality of the he treasurer shall mainta aclusively by the politica	ne account number is in all moneys of the	s presumed to e political con	have been waived. nmittee in a bank a	ccount or bank accou		
Type of account Fi	nancial Institution	Address		Account Number	Acco Co	
		ŀ		·		
By signing this statement provided.	nt, I authorize agents	of the State B	oard of Elections to	inspect all accounts		
Date Signed	<del></del>		Signate	re of Candidate or Treasur	ег	
In lieu of providing according for the filing fee.				raise or spend any mo	oney	
March 8, 2010		,	49/1,	Kenf. 4		
Date Signed			Signatu	re of Candidate or Treasure	ег	

Certification of Financial Account Information