# 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

	accompanied by forms CRO-	3100 and Cr	KO-3500.					
I. Committee Info a. Full Name	ormation	****		and the second second			200	
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		vean		<u> </u>	5CQ2	5CQ2F3		
	iclude City, State and Zip Code)				Marie 1980 1980 1980	d. Date Organized		
Winston	rine valley Rd, -Salem, NL 27104				2/23/10			
	der authorized				e. Phone Nun	iber	1300	
					336.72	4-33	ヌぐ	
2. Candidate Info	emation: 15		Candidate's Pr	imary Commi				
a. Full Name			c. Candidate (D Num		d. Party Affili	ation		
Stanley F	aul Dean		5CQ2F3	3	Democ	rate	ž	
	clude City, State, and Zip Code)		e-Office Sought			f. Júrisd	iction	
	ne Valley Rd. Salem, NC 27104		County Con (Forsyta a	unissione ounty)	<b>5</b>	В	i	
<u>.</u>			(If office sought is	nonpartisan, Party Affili	_	artisan	" in [d]	
3. Areasurer Infor	mation		4. Ciistodian of B					
a. Full Name		200	a. Full Name		176 20 Yell 2 22	A 200		
<u> </u>	\$t Towner		Aldona N					
	lude City, State, and Zip Code)	DPA-3890	b. Mailing Address (include City, State, and Zip Code)					
1113 Glous man Rd. Winston-Salem, NC 27104			Winston-Sulem, NC 27104 II I ARR					
c. Phone Number	d: Email Address		c. Phone Number	d. Email Addre	ss .	- <del>50</del>	<u> </u>	
336-745-3156	rtowner@trind.rr	·com	336-765-3186	atowne	136 gn	1611.c	om =	
5. Assistant Treasu 1. Full Name	iter Information.	Aud Remove	6-)Avecounts inforcin a. Financial Institution		eko spoje	⊠e dit T <b>qa</b>	nd and	
			SunTrustE			<b>6</b>	₹ 75	
. Mailing Address (incl	lude City, State, and Zip Code)		b. Purpose				- F	
			Campang n Fi	inds				
Phone Number	d. Email Address		: Account Code	d. Type				
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Chapter 163 of the	ommittee or Fund is in compli- NC General Statutes and that this report is complete, true ar	no funds are	applicable provisio commingled with p	ns of Article 2 rohibited or o	22A, 22B & ther non-disc	22D-22l closed fi	M of unds. I	
RUSSEU Printed	TOWNETZ.  Name of Signer	Lyune Signa	ell Town ature of Appointed Treas	urer	2/26	/16 ate		



## 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:	Stanley P. Dean	F
Treasurer Name:	Russell Gist Towner	F A
Treasurer Address:	1113 Glonsman Ru.	26 26
(include city, state, & zip)	Winston-Salem, NC 27104	₹ 7
		30
Treasurer Phone:	336-765-3156	

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).

2/26/10
Date Signed

Bunell Towner
Signature of Candidate

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

FILED BY:

Committee Name: Treasurer Name: Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

Mailing Address
PO Box 27935
Raleigh, NC 27611-7935
(919) 733-74-3
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

I certify that the information provided below is true and accurate. I am providing all account information for

Committee to Elect Stun Dean Russell Gist Towner

Winston-Salem, NC 27104

	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.							
	information provided court of competent ju to provide account in	would only be used for risdiction. It will be nece formation on required di	sidered confidential and is not the purposes of an audit of the purposes of an audit of the purposes of an account of the purposes. If an account of the purposes presumed to have been was	or investigation or a nt number a "accoun ount number is used	s required by a t code" in order			
•	The treasurer shall mexclusively by the pol	aintain all moneys of the itical committee and sha	e political committee in a b Il not commingle those fund	ank account or bank s with any other mo	c accounts used neys.			
	Type of account	Financial Institution	Address	Account N	umber Account Code			
	Checking	Sun Trustank	1015. Stratford Rd. W-S	NC 27/04	SPD1			
By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.								
X	2/26/10	<del></del>	Buse	U Town	22			
	Date Signed In lieu of providing	account information I co	ertify that this committee wi					
		fee. (Only candidates mo		ir not raise or spend	any money			
	Date Signed		<u></u>	Signature of Candidate or Treasurer				
	CRO-3500	Certification o	f Financial Account Informa	ution	August 2008			