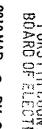


Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee. This form must be accompanied by forms CRO-3100 and CRO-3500.

Amendment	
☐ Yes	□ No

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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. The Witherspoon Signer Signature of Appointed Treasurer 3/4/10 Printed Name of Signer Signature of Appointed Treasurer				a Santa Carlo Carl		
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	Printed Name of Signer Sign	ature of Appointed Treasur	4	Date		
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North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director - Campaign Reporting

PO Box 27255

Raleigh, NC 27611

(919) 733-7173 Fax: (919) 715-804*

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:

Everethe Witherspoon

Treasurer Name:

Ida Withergour

Treasurer Address:

1325 Regnolds Forces Dr.

(include city, state, & zip)

Winston -Silen, NC 27107

Treasurer Phone:

736-784-1863

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).

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 Afferess PO Box **27**255 Raleigh, NC 2761**27**255

> (919) 733-7173 Fax: (919) 715-8047

73 PK 77 PK

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:	Witherspion for commission	
Treasurer Name:	Ida Witherson	
Treasurer Address:	1325 Regards Forest br.	
(include city, state, & zip)	Winston-Stan NC 27107	,
Treasurer Phone:	334 - 204-1863	

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.

Address

Financial Institution

				Code
Checkly	Wachovia	Winston-Schmikk		1978
Character				
By signing this signovided. 3-4-/0 Date Signer		ats of the State Board of Elections to	inspect all acco	· ~-•
In lieu of providi		certify that this committee will not		
Date Signed		Signatu	re of Candidate or T	reasurer

Type of account

Account

Account Number