Statement of Organization - Candidate Committee

Ame	ndment		
	Yes	\boxtimes	No

Use this form to create a new or update an existing candidate committee.

This form must be accomp	panied by form	s CRO-3100 and CR	RO-3500 (when amending, on	ly re-subm	nit if app	licable)
1. Committee Information	in		TAND OF ELECTION	18			
a. Full Name			2018 MAD O DUIS	c. ID Number			
Fleming El-Amin for County Commissioner			2018 MAR -8 PM 12: 2	3 _{2CQW}	9D		
b. Mailing Address (include Ci	ty, State and Zip	Code)	PECEIVED	d. Date Organized			
5400 Novack Street	7105			2/12/2018			
WINSTON-Salem, NC 27	/105			e. Phone Number			
			336-575-0895				
					-0895	895	
2. Candidate Information	a		Candidate's Primary Committee				
a. Full Name			e. Candidate ID Number	f. Party Affiliation			
Fleming Atif El-Amin			Democrat				
b. Mailing Address (include Cit	ty, State, and Zip	Code)	g. Office Sought				
5400 Novack Street							
Winston-Salem, NC 2710			County Commissioner				
c. Phone Number	d. Email Addre	ess					
336-575-0895	fleming07.fe	a@gmail.com	h. Next Election Year 2018		i. Jurisdiction		
					Dis	District A	
3. Treasurer Information			4. Custodian of Books Information				
a. Full Name			a. Full Name				
Anthony Wayne Ledbette	r		Anthony Wayne Ledbetter				
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)				
4120 Sewanee Drive			4120 Sewanee Drive				
Winston-Salem, NC 27106			Winston-Salem, NC 27106				
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address			
336-414-5067	awledbet@ac	ol.com	336-414-5067	awledbet@aol.com			
I prefer to receive my notice	ive my notices by email Yes No Email copy of notices						
5. Assistant Treasurer In	formation	Add	6. Account Information	(incl. CRO-3500) Add			
a. Full Name		Remove	a. Financial Institution Full Nan	Full Name Remove			
Robert Brown, Jr.			Wells Fargo Bank				
b. Mailing Address (include City, State, and Zip Code)			b. Purpose				
105 Sea Pines Drive Winston-Salem, NC 27107			Campaign Funds				
c. Phone Number	d. Email Addres	s	c. Account Code		d. Typ	d. Type	
336-416-8061	blovergolf@aol.com		DDA		Checking		
CERTIFICATION							
	tutes and that	no funds are commin	applicable provisions of Artingled with prohibited or other				
(1 to 12 7 81 th 2/0/2/0							
Anthony W. Ledbetter Unthony W. Zedbette 3/8/2					0/20	16	
Printed Name of Signer Signature of Appointed Treasurer Date							



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.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

Committee Name: Treasurer Name: Treasurer Address: (include city, state, & zip)	Elening El-Amin for County Commissione Anthony W. Ledbetter 4120 Sew anex Drive Winston-Saleny NC 27106				
Treasurer Phone: 336 ~414~5667 Check One: I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.					
I am withdrawing my C	Certification to remain at or under the \$1,000 threshold. I will now be required report for all contributions and expenditures that have not been previously of the current election cycle. I further agree to file all future reports required. Anthony W. Jallelle. Signature				

FILED BY:



Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Candidate Name:

Treasurer Name:

Anthony Wayne Ledbetter

4120 Sewanee Drive

(include city, state, & zip)

Winston-Salem, NC 27106

Treasurer Phone:

336-414-5067

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).

3/6/Sate Signed

Henry Condidate
Signature of Candidate