## Statement of Organization - Candidate Committee

Is this statement:			
New New		Amended	

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

This form must be accompanied by form CRO-3500. An amended form is required for each new election year. 1. Committee Information a. Name of Committee d. ID Number b. Mailing Address (include City, State and Zip Code) 7445 c. Committee Website (Optional) f. Phone Number 2. Candidate Information a. Full Name e. Party Affiliation Democr b. Mailing Address (include City, State, and Zip Code 955 MT-ZION PL-E CITY COUNCIL EASTWARD . Phone Number d. Email Address g. Next Election Year ☐ Email copy of report notices 4. Assistant Treasurer Information 3. Treasurer Information a. Full Name a. Full Name errick enard ones b. Mailing Address (include City, State and Zip Code) b. Mailing Address (include City, State, and Zip Code) 712 Ivy Gles D. Winston-Sakm c. Phone Number d. Email Address d. Email Address Phone Number derick of 7050 gmel.con Email copy of report notices Send report notices by email ☐ Yes 6. Account Information (incl. CRO-3500) 5. Custodian of Books Information (Keeper of Records) a. Financial Institution Full Name a. Full Name National Bank Woodforest b. Mailing Address (include City, State, and Zip Code) CommiTTEE .. Phone Number d. Email Address b. Account Code c. Type 7445 Email copy of report notices I certify that the Committee is in compliance with all applicable provisions of Article 22A 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. Printed Name of Treasurer Signature of Appointed Treasurer I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes. hillip T. CARler Printed Name of Candidate Signature of Candidate



## North Carolina

## State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

## **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.

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FILED BY:	
Committee Name:	Phillip CARTER EASTWARD CITY Council Dernick D. Jones
Treasurer Name:	Dernick D. Jones
Treasurer Address:	712 Ivy Glen Dr Winston-Salem NC 27127
(include city, state, & zip)	Winston-Salem NC 27127
Treasurer Phone:	(336) 517-0751
election cycle under the pro- until the end of the election expenditures during this ele- of elections and file required	nittee intends to neither receive nor expend more than \$1,000 during the current recedures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$1,000 in contributions or action cycle, I understand that I must immediately notify the appropriate board d campaign finance reports.  N ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.
to file the next scheduled	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.
/2/27/19 Date Signed	Phillip To Carter Signature