

Statement of Organization - Candidate Committee

Is this statement:



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

Committee to elect Phil Carter

d. ID Number

b. Mailing Address (include City, State and Zip Code)

PO Box 26781 Winston Salem, NC 27114

e. Date Organized

3/1/22

c. Committee Website (Optional)

f. Phone Number

336 692 4710

2. Candidate Information

a. Full Name

Phillip Tyrone Carter

e. Party Affiliation

Democrat

b. Mailing Address (include City, State, and Zip Code)

905 Mount Zion Pl K
Winston Salem, NC 27101

f. Office Sought

County Commissioner district A

c. Phone Number

336 692 4700

d. Email Address

phil4forsyth@gmail.com

g. Next Election Year

2022

h. Jurisdiction

district A

☒ Email copy of report notices

3. Treasurer Information

a. Full Name

Quinn Coleman

b. Mailing Address (include City, State, and Zip Code)

913 Shuman St
Winston Salem, NC 27101

c. Phone Number

336 577 3047

d. Email Address

quinn-coleman.115@gmail.com

Send report notices by email ☒ Yes ☐ No

4. Assistant Treasurer Information

a. Full Name

b. Mailing Address (include City, State and Zip Code)

c. Phone Number

d. Email Address

☐ Email copy of report notices

5. Custodian of Books Information (Keeper of Records)

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

☐ Email copy of report notices

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name

Truiliant Federal Credit Union

b. Account Code

c. Type

A2445 checking

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.

Quinn Collins Coleman

Printed Name of Treasurer



Signature of Appointed Treasurer

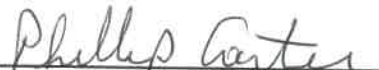
03/02/22

Date

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.

Phillip T. Carter

Printed Name of Candidate



Signature of Candidate

Date



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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.

FILED BY:

Committee Name: committee to elect Phil Carter
Treasurer Name: Quinn Coleman
Treasurer Address: 913 Shuman St.
(include city, state, & zip) Winston Salem, NC 27101

Treasurer Phone: 336 577 3047

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.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

☒ I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

3/10/22

Date Signed


Signature



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

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

Candidate Name: Phillip CARTER

Committee Name: Committee TO elect Phil CARTER

Treasurer Name: Quinn Coleman

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: _____

Level Registered: [State] [County] If county, specify: FORSYTH

I, Phillip Carter (Name of Candidate) hereby direct that in the event of my death or incapacity all

funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Housing Justice Now</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: Phillip Carter

Date: 3/10/22