

# 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.

<b>1. Committee Information</b>			
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 3-9-22	
c. Committee Website (Optional)		f. Phone Number 3366924710	
<b>2. Candidate Information</b>			
a. Full Name Phillip Tybone Carter		e. Party Affiliation Democrat	
b. Mailing Address (include City, State, and Zip Code) 965 Mount Zion Pl K Winston Salem NC 27101		f. Office Sought County Commissioner	
c. Phone Number 3366924700	d. Email Address Phil4forsyth@gmail.com	g. Next Election Year 2022	h. Jurisdiction District A
<input checked="" type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name Quinn Coleman		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 913 Snoman St Winston Salem, NC 27101		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number 3365773047	d. Email Address quinn-coleman.us@gmail.com	c. Phone Number	d. Email Address
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
<b>5. Custodian of Books Information (Keeper of Records)</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name Truiliant Federal Credit Union	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code A7445	c. Type checking
<input type="checkbox"/> Email copy of report notices			
<p>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.</p> <p> <u>Quinn Collins Coleman</u> Printed Name of Treasurer             <u>[Signature]</u> Signature of Appointed Treasurer             <u>05.02.2022</u> Date         </p> <p>             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.         </p> <p> <u>Phillip T. Carter</u> Printed Name of Candidate             <u>Phillip Carter</u> Signature of Candidate             <u>5-2-22</u> Date         </p>			