

# 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		d. ID Number	
JOINES FOR MAYOR		000-000000-0-000	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO BOX 20397 WINSTON SALEM NC 27102		JANUARY 2001	
c. Committee Website (Optional)		f. Phone Number	
		336-407-3147	
<b>2. Candidate Information</b>			
a. Full Name		e. Party Affiliation	
JAMES ALLEN JOINES		DEMOCRAT	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO BOX 20397 WINSTON SALEM NC 27102		MAYOR	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-408-8082	ALLENJ@CITYOF WS.ORG	2024	CITY OF WINSTON SALE
<input checked="" type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name		a. Full Name	
WILLIAM CHARLES ROSE			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
3021 LAKESHORE DRIVE WINSTON SALEM NC 27106			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-407-3147	WILLIAMCROSE@YAHOO.COM		
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	
WILLIAM CHARLES ROSE		FIRST NAATIONAL BANK	
b. Mailing Address (include City, State, and Zip Code)			
3021 LAKESHORE DRIVE WINSTON SALEM NC 27106			
c. Phone Number	d. Email Address	b. Account Code	c. Type
336-407-3147	WILLIAMCROSE@YAHOO.COM	JFM001	CHECKING
<input checked="" 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>WILLIAM C ROSE Printed Name of Treasurer</p> <p><i>William C Rose</i> Signature of Appointed Treasurer</p> <p>9/29/22 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><i>Amended</i></p> <p>Printed Name of Candidate Signature of Candidate Date</p>			