



**COPY**

North Carolina  
State Board of Elections

506 N Harrington Street  
Raleigh, NC 27603

Kimberly Westbrook  
Deputy Director - Campaign Reporting

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

**Certification of Treasurer**

**FILED BY:**

Candidate Name: VERNON ROBINSON

Treasurer Name: VERNON Robinson

Treasurer Address: PO. Box 272  
 (include city, state, & zip) Wentworth-Salem, NC 27102

Treasurer Phone: 336 768-3567

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.

8/14/2005  
Date Signed

Vernon Robinson  
Signature of Candidate

RECEIVED

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Certification of Treasurer

March 2003

STATE BOARD OF ELECTIONS  
NORTH CAROLINA

# Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

<b>1. Committee Information</b>	
a. Full Name	c. ID Number
ROBINSON COMMITTEE	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
PO. BOX 272 WINSTON-SALEM, NC 27102	8-9-2005
	e. Phone Number
	336 768-3567

<b>2. Candidate Information</b>		<input checked="" type="checkbox"/> Candidate's Primary Committee
a. Full Name	c. Candidate ID Number	d. Party Affiliation
VERNON ROBINSON	N14803	GOP
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction
PO. BOX 272 WINSTON-SALEM, NC 27102	CITY COUNCIL	
<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>		

<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name	b. Mailing Address (include City, State, and Zip Code)	a. Full Name	b. Mailing Address (include City, State, and Zip Code)
VERNON ROBINSON	PO. BOX 272 WINSTON-SALEM, NC 27102	VERNON ROBINSON	PO. BOX 272 WINSTON-SALEM, NC 27102
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336 768-3567		336 768-3567	

<b>5. Assistant Treasurer Information</b>		<b>6. Account Information</b> <i>(incl. CRO-3500)</i>	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Code	d. Type

**CERTIFICATION**

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

VERNON ROBINSON      *[Signature]*      Aug 15, 2005  
 Printed Name of Signer      Signature of Appointed Treasurer      Date



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**Confidential**

**Certification of Financial Account Information**

**FILED BY:**

Committee Name: ROBINSON COMMITTEE  
 Treasurer Name: VERNON ROBINSON  
 Treasurer Address: PO. BOX 272  
 (include city, state, & zip) Winston-Salem, NC 27102  
 Treasurer Phone: 336-768-3567

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "code" in order to provide account information on required disclosure reports. If an account number is used as the "code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Account Number	Code
CHECKING	BBT	1100 S. Stratford Rd. Bldg B Winston-Salem, NC 27103	[REDACTED]	1
			[REDACTED]	

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

AUG 15, 2005  
Date Signed

[Signature]  
Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

AUG 15, 2005  
Date Signed

[Signature]  
Signature of Candidate or Treasurer