# COPP Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee.

Amendment	*/*************************************
☐ Yes	□ No

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This form must be accompanied by forms CRO-3100 and CR	O-3300 (when amending, of	ny re-suomit ir applicable).
1. Committee in formation.		c. ID Number
Brent Rocketh for Bethania		&CQSII
b. Mailing Address (include City, State and Zip Code)	- Commence of the Commence of	d. Date Organized
5208 Bear CreekRd	ets. Of the societies which is a second property of the second se	7-12-2013
Winston-Salem, NC 27106		e. Phone Number
•		336 922-4317
2- Cualdite in Grant and State of the Control of th	essandi sandi	la (eks krimary) Committees 2503 esta
a. Full Name	e. Candidate ID Number	f. Party Affiliation
Brent Stephen Rockett	8005JI	Non-pertison (Indicate Non-partican if applicable)
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	(Indicate Noir-partican it applicable)
	0	red sich provinster in hart in hande die gegenen gegeben gewerber einem die
same as above	Bethania Com	Nissioner
c. Phone Number d. Email Address	h. Next Election Year	i. Jurisdiction
3369224317 rockethman54@earthlink	not.	
☐ Email copy of notices		
\$40 pelsinger in managion of the property and the state of the	44 Custodiau edi Bodas mi	ormations, a service see a service service.
a. Full Name	a. Full Name	
Brent-Stephen Rockett		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City	, State, and Zip Code)
same as above		
c. Phone Number d. Email Address	c. Phone Number d. Email	Aduress
		20
I prefer to receive notices by email Yes No	Email copy of notice	S a constant — A co
S. Assistance Treasure: Information as a second at the sec	6 Account Information.	
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	Carlo and Property as a mark Mark the same and a same and	and the state of t
b. Mailing Address (include City, State, and Zip Code)	b. Purpose	
		□ <u>-</u>
		0
c. Phone Number 4 d. Email Address	c. Account Code d. Type	
■ Email copy of notices		
CERTIFICATION		
I certify that the Committee or Fund is in compliance with a Chapter 163 of the NC General Statutes and that no funds a		
I further certify that this report is complete, true and correct		ed of other hon-disclosed fullds.
0 1 0 1 1	01.	
Grent S. Kockett Wie	STS KOUKEUT	7-19-2013
Printed Name of Signer Sig	nature of Appointed Treasurer	Date



# North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

FILED BY:

Treasurer Phone:

COPY

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

# **Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

Candidate Name:	Brent Stephan Kockoth		
Treasurer Name:	Brent Stephen Rockett		
Treasurer Address:	5208 Bear Crack Rd		2
(include city, state, & zip)	Winston-Solem, NC 27106	끘	<b>ب</b> ن ر_
	<b>t</b>	C	<del>-</del>
		11	0

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.

92Z-

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. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

7-19-3013 Date Signed

Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



## 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 Fax: (919) 715-8047

### **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.

FILED BY:	
Committee Name:	Brent Pockett for Bethania
Treasurer Name:	Brent Staphen Rockott
Treasurer Address:	5208 Bear Creek Rd
(include city, state, & zip)	101/15/01-Solem, 10C 27106
Treasurer Phone:	336 922-4317
election cycle under the produntil the end of the election expenditures during this election of elections and file required	nittee intends to neither receive nor expend more than \$1,000 during the current cedures set forth in G.S. 163-278.10A. This certification will remain meffect cycle for this committee. If this committee exceeds \$1,000 in contributions of ction cycle, I understand that I must immediately notify the appropriate board campaign finance reports.  NONLY 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.
7-19-2013 Date Signed	Brand S. Robert Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.





Kim Westbrook Strach Executive Director

FILED BY:

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

Confidential

### **Certification of Financial Account Information**

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

Committee Na	<i>("</i> ``			
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Treasurer Nan	ne: <u>Bred</u>	ks. Rockold		7 <u> </u>
Treasurer Add	lress: 5208	s Bear Creek Rd		η ω
(include city, stat	te, & zip) Wins	lon-Solem, NC 271	06	
Treasurer Pho	ne: <u>336</u>	922-4317		
named Committee. T	hese account numbers in	s true and accurate. I am providin nelude all bank accounts utilized, used for any purpose by the Comm	credit card accounts, 1	
provided is only used	for the purposes of an a	dered confidential and is not subject audit or investigation or as require ate below an account code (any	d by a court of compe	etent jurisdiction.
numbers and letters)	by which to refer to the	account number on reports. If an		
•	•	presumed to have been waived. political committee in a bank accou	nt on bonk accounts us	ad avalusivaly by
		those funds with any other moneys		ed exclusively by
		•		
Type of account	Financial Institution	Address	Account Number	Account Code
Type of account	Financial Institution	•		Account Code
Type of account	Financial Institution	•		Account Code
		•	Account Number	
By signing this st	tatement, I authorize ager	Address  the State Board of Elections to	Account Number	rovided.
By signing this st	tatement, I authorize ager	Address  the State Board of Elections to	Account Number	rovided.
By signing this st  Date Signed  For Candidate (	tatement, I authorize ager	Address  Its of the State Board of Elections to Signat	Account Number  inspect all accounts proceed accounts pro	rovided.
By signing this st  Date Signed  For Candidate C  In lieu of providir except that which	tatement, I authorize ager  committees Only  ng account information, I h is the candidate's person	Address  the State Board of Elections to	Account Number  inspect all accounts proper of Candidate or Treasurer  raise any money nor spect that an audit or inv	rovided.
By signing this st  Date Signer  For Candidate (  In lieu of providir except that which warrant the probe	tatement, I authorize ager  d  Committees Only  ng account information, I h is the candidate's perse e of any personal bank acc	Address  Its of the State Board of Elections to Signat Certify that this committee will not onal funds. I furthermore understa	Account Number  o inspect all accounts properties of Candidate or Treasurer  raise any money nor synd that an audit or invented that are also also and a contract or invented that are also also also also also also also also	pend any money estigation could
By signing this st  Date Signer  For Candidate (  In lieu of providir except that which warrant the probe	tatement, I authorize ager  d  Committees Only  ng account information, I h is the candidate's perse e of any personal bank acceptatement, I authorize agen	Address  Its of the State Board of Elections to Signat Certify that this committee will not onal funds. I furthermore understacount that is being used for campaignts of the State Board of Elections to State Board of Elections	Account Number  o inspect all accounts properties of Candidate or Treasurer  raise any money nor synd that an audit or invented that are also also and a contract or invented that are also also also also also also also also	pend any money estigation could