

## Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee. This form must be accompanied by forms CRO-3100 and CRO-3500 (when

*** 2 *** *** ** - ** - * * * * * * * * *	*****	,	
Amendment			
am Siament			
rt-x			
Ves Ves		Nο	

1. Committee Information a. Full Name  The Peoples Chotle: UUTE Phil CARTER EASTWARD CITY COUNCILMAN b. Mailing Address (include City, State and Zip Code)  11 48 EAST 5th, ST, APTC WINS TON—SAlem M.C. 27101  2. Candidate Information a. Full Name  C. ID Number  C. ID N	Tino Tottii iliust de	accompanied by forms CRO-31	100 and CRO-3500 (when ame	ending, only re-submit if applicable).	
The Papeles Chotle: Ustre Phil Carter Eastward  b. Mailing Address (include City, State, and Zip Code)  1148 East 5th, St, Aptc  Wins Ton Salem M. (. 27/0)  2. Candidate Information  a. Fall Name  Candidate Information  Candidate	1. Committee Info	rmation			
D. Mailing Address (include City, State, and Zip Code)  11 48 EAST 5th, ST, APTC  WINS TON-SALEM ALC 27/01  2. Candidate Information  Bandidate Information  Bandidate Information  Candidate Information  Bandidate State and Zip Code)  Bandidate Information  Bandidate State And Zip Code)  Bandidate Information  Bandidate State Information  Bandidate Information  Band				c. ID Number	
B. Mailing Address (include City, State, and Zip Code)  11 YB EAST STA, ST, APTC  WINS TON-SALEM M. (. 2710)  E. Phone Number  (374) 692-4710  2. Candidate Information  B. Fall Name  C. Candidate Information  B. Fall Name  C. Candidate Information  B. Fall Name  C. Candidate Information  B. Farty Affiliation  D. Farty Affiliation  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address  D. Mailing Address  D. Next Election Year  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Phone Number  D. Mailing Address (include City, State, and Zip Code)  D. Phone Number  D. Mailing Address (include City, State, and Zip Code)  D. Phone Number  D.	The PEOPLE	s Choice: UUTE Phil	CARTER EASTWARD	0	
198 AST 5th, ST, APTC   C7-19-13		OUNCILMAN			
Le Phone Number  2. Candidate Information  a. Fall Name  Phill P. T. CARTER  D. Mailing Address (include City, State, and Zip Code)  B. Phone Number  C. Candidate ID Number  D. Mailing Address (include City, State, and Zip Code)  B. Phone Number  C. Candidate ID Number  D. Phone Number  D. Phone Number  D. Phone Number  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Phone Number  D. Mailing Address (include City, State, and Zip Code)  D. Phone Number  D. Mailing Address (include City, State, and Zip Code)  D. Phone Number  D. Phone Numbe		<del></del>		d. Date Organized	
2. Candidate Information  a. Full Name  Phillip T. CARTER  D. Mailing Address (include City, State, and Zip Code)  c. Phone Number  J. Jurisdiction  L. Parry Affiliation  Democraft  (Indicate Non-partisan if applicate the Non-partisan if applicat				07-19-13	
2. Candidate Information a. Full Name b. Candidate ID Number c. Candidate In Number c. Cand	W105 1570.4	SHIEN ME. WIN	<b>,</b>	e. Phone Number	
2. Candidate Information a. Full Name b. Candidate ID Number c. Candidate In Number c. Cand				(336)692-4710	
a. Full Name    Phillip T. CARTER   Democrate	2. Candidate Info	rmation			
Phillip T. CARTER  D. Mailing Address (include City, State, and Zip Code)  LIVB LAST SH, ST, ANT C.  LUN NSTOW - SALEM LOC 27101  C. Phone Number   d. Email Address    LIVB LAST SH, ST, ANT C.  LUN NSTOW - SALEM COUNCIL  LUN NSTOW - SALEM  LU			e. Candidate ID Numb		
Continue City, State, and Zip Code   Continue	D/:12 6 7	CANTA			
b. Mailing Address (include City, State, and Zip Code)    WINSTOW - SALEM NL 27 01	rniccipi i. (	-MKI-ER		TO CINGERAL	
Live East Sth. St. Abt.   Live No.   Live				(Indicate Non-partisan if applicable)	
Let not notices  Let not not notices  Let not not notices  Let not notices  Let not not notices  Let not not not not not not not not not no					
C. Phone Number   d. Email Address   h. Next Election Year   l. Jurisdiction      C336)1692-4716   Email copy of notices     3. Treasurer: Information   A. Custodian of Books Information     a. Full Name   A. Custodian of Books Information     a. Full Name   A. Custodian of Books Information     b. Mailing Address (include City, State, and Zip Code)     B281   Rorner   Rock   RD			WINSTON-SI	elem Counseil	
C. Phone Number   d. Email Address   h. Next Election Year   l. Jurisdiction      C336)642-4716   Email copy of notices     3. Treasurer Information   A. Custodian of Books Information     a. Full Name   A. Custodian of Books Information     b. Mailing Address (include City, State, and Zip Code)     B2   Korner Rock RD     Kerner Rock RD     Kerner Rock RD     Kerner Rock RD     C. Phone Number   d. Email Address     a. Full Name   Add     a. Full Name   Add     a. Full Name   Add     a. Full Name   Add     b. Mailing Address (include City, State, and Zip Code)     b. Mailing Address (include City, State, and Zip Code)     c. Phone Number   d. Email Address     c. Account Information   Add     a. Full Name   Remove     b. Mailing Address (include City, State, and Zip Code)     c. Phone Number   d. Email Address     c. Account Code     c. Purpose     c. Purpose     c. Phone Number     d. Email Copy of notices     d. C. Phone Number     d. Email Copy of notices     d. C. Phone Number	winston-	SALEM. N.C 27101	,		
Email copy of notices   4. Custodian of Books Information   a. Full Name   A. Email Address (include City, State, and Zip Code)   A. Full Name   A. Email Address   A. Full Name   A. Email Address   A. Full Name   A	c . Phone Number	d. Email Address		i. Jurisdiction	
Email copy of notices   4. Custodian of Books Information   a. Full Name   A. Email Address (include City, State, and Zip Code)   A. Full Name   A. Email Address   A. Full Name   A. Email Address   A. Full Name   A	(336)692-4716	ا		EASTWARD	
a. Full Name    KEUIN CUNNING HAM			<del></del>		
a. Full Name    KEUIN CUNNING HAM	3. Treasurer Infor	mation	4. Custodian of Bo	oks Information	
Mailing Address (include City, State, and Zip Code)   D. Mailing Address (include City, State, and Zip Code)   D. Mailing Address (include City, State, and Zip Code)   D. Mailing Address (include City, State, and Zip Code)   D. Mailing Address (include City, State, and Zip Code)   D. Mailing Address (include City, State, and Zip Code)   D. Mailing Address (include City, State, and Zip Code)   D. Mailing Address (include City, State, and Zip Code)   D. Mailing Address (include City, State, and Zip Code)   D. Mailing Address (include City, State, and Zip Code)   D. Purpose   CAMPAGR REPORTING   D. Purpose   D. Pu			<u> </u>	100 pg Noor Entered (100 pg - 50 pp day)	
82   KORNER ROCK RD KERNERSVILLE, NC. 27284  c. Phone Number   d. Email Address   c. Phone Number   d. Email Copy of notices   c. Account Information   d. Email Copy of notices   d. Financial Institution Full Name   d. Remove   PIEDMUNT FEDERAL SAURUS BANK   d. Purpose   c. Phone Number   d. Email Address   c. Account Code   d. Type   SAURUS   C. Phone Number   d. Email Copy of notices   c. Account Code   d. Type   SAURUS   C. Phone Number   d. Email Copy of notices   c. Account Code   d. Type   SAURUS   C. Phone Number   d. Email Copy of notices   c. Account Code   d. Type   SAURUS   C. Phone Number   d. Email Copy of notices   c. Account Code   d. Type   SAURUS   C. Phone Number   d. Email Copy of notices   c. Account Code   d. Type   SAURUS   C. Phone Number   d. Email Copy of notices   c. Account Code   d. Type   SAURUS   C. Phone Number   d. Email Copy of notices   c. Account Code   d. Type   SAURUS   C. Phone Number   d. Email Copy of notices   c. Account Code   d. Type   SAURUS   C. Phone Number   d. Email Copy of notices   c. Account Code   d. Type   SAURUS   C. Phone Number   d. Email Copy of notices   c. Account Code   d. Type   SAURUS   C. Phone Number   d. Email Copy of notices   c. Phone Number   d. Email Address   d. Type   SAURUS   C. Phone Number   d. Email Address   d. Type   SAURUS   C. Phone Number   d. Email Address   d. Type   SAURUS   C. Phone Number   d. Email Address   d. Type   SAURUS   C. Phone Number   d. Email Address   d. Type   SAURUS   C. Phone Number   d. Email Address   d. Type   SAURUS   C. Phone Number   d. Email Address   d. Type   C. Phone Number   d. Email Addre	KEUIN CU	LNINGHAM		2013	٥ 
82   KORNER ROCK RD KERNERSVILLE, NC. 27284  c. Phone Number   d. Email Address   c. Account Information   d. Email Copy of notices   d. Type   SAU, NGS   BANK   d. Email Copy of notices   d. Type   SAU, NGS   C. Account Code   d. Type   C. Account Code   d. Type   SAU, NGS   C. Account Code   d. Type	b. Mailing Address (in	clude City, State, and Zip Code)	b. Mailing Address (in	clude City, State, and Zip Code	2
C. Phone Number   d. Email Address   C. Phone Number   d. Email Address   Page   District   Distric	821 KARNEI	RUCK RD		6	325
I prefer to receive notices by email	KERNERSVIL	le, NC. 27284	İ		至
I prefer to receive notices by email		d. Email Address	c. Phone Number	d. Email Address	9
I prefer to receive notices by email Yes No Email copy of notices  5. Assistant Treasurer Information   Add   Add   Account Information   Add   Add   Add   Add   Account Information   Add   Add   Add   Account Information   Add   Account Information   Add   Account Information   Add   Account Information   Add   Add   Account Information   Add   Account Information   Add   Add   Account Information   Add   Add   Account Information   Add   Account Information   Add   Add   Account Information   Account Information   Add   Account Information   Account Information   Account Information   Account Information   Account Information   Account Information   Add   Account Information   Account					⊊
5. Assistant Treasurer Information					$\exists$
a. Full Name    Remove   Remov				i notices	
PIEDMUNT FEDERAL SAUINGS BANK  b. Mailing Address (include City, State, and Zip Code)  c. Phone Number  d. Email Address  c. Account Code  d. Type  SAUING  CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed fund					
b. Mailing Address (include City, State, and Zip Code)  CAMPAGE REPORTING  C. Phone Number d. Email Address c. Account Code d. Type  SAULUS  CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M or Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed fund	a. Fuii Name		A CONTRACT OF THE CONTRACT OF		
C. Phone Number d. Email Address c. Account Code d. Type    Sau, rg   Email copy of notices   CERTIFICATION     I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M or Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed fund			PIKAMUNT +	EDERAL SAVINGS BANK	
c. Phone Number d. Email Address c. Account Code d. Type    Saurage   Saurage	b. Mailing Address (inc	clude City, State, and Zip Code)	b. Purpose		
Email copy of notices  CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M or Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed fund			CAMBAIGN A	REPORTING	
Email copy of notices  CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed fund	c. Phone Number	d. Email Address	c. Account Code	d. Type	
Email copy of notices  CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed fund				C	
CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M o Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed fund				DAUNG	
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M o Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed fund			4.	· · · · · · · · · · · · · · · · · · ·	
Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed fund		the state of the s			
I further certify that this report is complete, true and correct.	Chapter 163 of the	e NC General Statutes and that i	no funds are commingled with		
PUNATON PUNATON ALL 2012	I further certify the	at this report is complete, true a	and correct.	1. 1. 2012	
Printed Name of Signer  Signature of Appointed Treasurer  Date	Printe	d Name of Signer	Sighature of Appointed Treas	surer Sulp 6 02 13	



## North Carolina

State Board of Elections 441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director BOARD OF ELECTIONS
2013 AUG -6 AM 9:41

RECEIVED

Mailing Address

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

FILED BY:	
Candidate Name:	Phil CARTER
Treasurer Name:	KEUIN CUNNINGHAM 821 KORNER ROCK RD
Freasurer Address:	821 KORNER ROCK RA
(include city, state, & zip)	KERNERSUILLE N.C 27284
Treasurer Phone:	(336)918-6951

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. 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).

arey 6, 2013

Signature of Candidate

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



FORSYTH COUNTY BOARD OF ELECTIONS



North Carolina 2013 AUG -6 AM 9: 41

State Board of Election RECEIVED

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:	THE PEOPle Choice: VOTE Phil CARTER EAS	TWARP (1)
Treasurer Name:	THE PEOPle Choice: VOTE Phil CARTER EAS KEVIN CUNNINGHAM	
Treasurer Address:	821 KORNER ROCK RD	-
(include city, state, & zip)	KERNERSVILLE N.C 27284	
Treasurer Phone:	(336) 918-6951	
election cycle under the prountil the end of the election expenditures during this elections and file required THIS DECLARATION CA  I am withdrawing my to file the next scheduled	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 in effect cycle for this committee. If this committee exceeds \$1,000 in contributions or ction cycle, I understand that I must immediately notify the appropriate board I campaign finance reports.  N ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.  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.	
O Date Signed	Signature	

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