

COPY

Statement of Organization - Candidate Committee

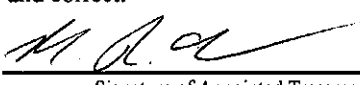
Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

Amendment

☐ Yes

☐ No

1. Committee Information			
a. Full Name <div style="text-align: right;">2013 JUL 19 PM 1:49</div> Committee to Elect Michael Owens		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 4250 Salem Landing Dr. Winston-Salem, NC 27101		d. Date Organized July 10, 2013	
		e. Phone Number 336-926-1097	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name Michael R. Owens		e. Candidate ID Number UCQLD2	f. Party Affiliation Republican <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) 4250 Salem Landing Dr. Winston-Salem, NC 27101		g. Office Sought City Council	
c. Phone Number 336-926-1097	d. Email Address MikeOwens233391@gmail.com	h. Next Election Year 2013	i. Jurisdiction East Ward
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Michael R. Owens		a. Full Name Michael R. Owens	
b. Mailing Address (include City, State, and Zip Code) 4250 Salem Landing Dr. Winston-Salem, NC 27101		b. Mailing Address (include City, State, and Zip Code) 4250 Salem Landing Dr. Winston-Salem, NC 27101	
c. Phone Number 336-926-1097	d. Email Address mikeowens233391@gmail.com	c. Phone Number 336-926-1097	d. Email Address
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information	
a. Full Name		a. Financial Institution Full Name	
		Bank of North Carolina	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Campaign Finance	
c. Phone Number	d. Email Address	c. Account Code BAGK1975	d. Type Checking
<input type="checkbox"/> 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 funds. I further certify that this report is complete, true and correct.			
Michael R. Owens Printed Name of Signer		 Signature of Appointed Treasurer	
		7-19-13 Date	



FORSYTH COUNTY
POLICE COLLECTIONS

COPY

North Carolina 2013 JUL 19 PM 1:49
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

RECEIVED

Kim Westbrook Strach
Executive Director

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: Michael R. Owens
Treasurer Name: Michael R. Owens
Treasurer Address: 4250 Salem Landing Dr.
(include city, state, & zip) Winston-Salem, NC 27101

Treasurer Phone: 336-926-1097

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).

7-19-13

Date Signed

Signature of Candidate

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