

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	c. ID Number
NOAH REYNOLDS 4 CITY COUNCIL RECEIVED	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
P.O. Box 15586 WINSTON-SALEM, NC 27113	7/18/13
	e. Phone Number
	(336) 725-9845

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
WILLIAM NOAH REYNOLDS	QCQZCB	DEMOCRAT
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	(Indicate Non-partisan if applicable)
P.O. Box 15586 WINSTON-SALEM NC 27113	CITY COUNCIL-NW WARD	
c. Phone Number	d. Email Address	h. Next Election Year
	NoahReynolds4CityCouncil@gmail.com	
<input checked="" type="checkbox"/> Email copy of notices		i. Jurisdiction

3. Treasurer Information

a. Full Name	a. Full Name
MARK ALAN SINK	
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
275 EXECUTIVE PARK BLVD WINSTON-SALEM NC 27103	
c. Phone Number	d. Email Address
(336) 768-5013	MARKASINK@GMAIL.COM

I prefer to receive notices by email ☒ Yes ☐ No ☐ Email copy of notices

5. Assistant Treasurer Information

a. Full Name	b. Mailing Address (include City, State, and Zip Code)	c. Phone Number	d. Email Address
b. Purpose		c. Account Code	d. Type
CAMPAIGN FINANCE		WSNOAH	CHECKING

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.

MARK A SINK

Printed Name of Signer

Mark A Sink

Signature of Appointed Treasurer

7/19/13

Date

COPY



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

2013 JUL 26 PM 5:09

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:

WILLIAM NOAH REYNOLDS

Treasurer Name:

MARK ALAN SINK

Treasurer Address:

275 EXECUTIVE PARK BLVD

(include city, state, & zip)

WINSTON-SALEM NC

27103

Treasurer Phone:

(336) 768-5073

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).

7/19/2013
Date Signed

W. Noah Reynolds
Signature of Candidate

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