



COPY

North Carolina
State Board of Elections

506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook-Strach
Deputy Director - Campaign Reporting

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: Karen Johnson Gordon

Treasurer Name: Regina Lynne Patrick

Treasurer Address: 6601 Village Brook Trail

(include city, state, & zip) Clemmons, NC 27012

Treasurer Phone: 336-766-7705

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).

10-16-07

Date Signed

Karen Johnson Gordon
Signature of Candidate

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

Amendment

☐

Yes

☐

No

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

1. Committee Information			
a. Full Name		c. ID Number	
Committee to Elect Karen Gordon Register of Deeds			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. Box 1366 Clemmons, NC 27012		Oct. 16, 2007	
		e. Phone Number	
		336-766-7705	
2. Candidate Information			
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Karen Johnson Gordon			Republican
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
3640 Foxglove Drive Winston-Salem, NC 27106		Register of Deeds	Forsyth
		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	
3. Treasurer Information			
a. Full Name		a. Full Name	
Regina Lynne Patrick		Regina Lynne Patrick	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
6601 Village Brook Trail Clemmons, NC 27012		6601 Village Brook Trail Clemmons, NC 27012	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-766-7705	lpatrick1@triad.rr.com	336-766-7705	lpatrick1@triad.rr.com
4. Assistant Treasurer Information			
a. Full Name		a. Financial Institution Full Name	
		TriStone Community Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		campaign contributions and expenditures	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		ROD1	checking
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.			
Regina Lynne Patrick Printed Name of Signer		Regina Lynne Patrick Signature of Appointed Treasurer	
		10/16/07 Date	



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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

FILED BY:

Committee Name: Committee to Elect Karen Gordon Register of Deeds
Treasurer Name: Regina Lynne Patrick
Treasurer Address: 6601 Village Brook Trail
(include city, state, & zip) Clemmons, NC 27012
Treasurer Phone: 336-766-7705

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 "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Account Number	Account Code
checking	TriStone Community Bank	401 Knollwood St Winston-Salem, NC	[REDACTED]	ROD1

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

10-16-07
Date Signed

Karen Johnson Dadd
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.)

Date Signed

Signature of Candidate or Treasurer