

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

	ccompanied by forms CRO-31	00 and CK	U-3300.	and the same of the			
1. Committee Information					c. ID Number		
a. Full Name				C. AD THIRDS			
Holleman for Register of Deeds							
b. Mailing Address (inc	lude City, State and Zip Code)	·			d. Date Organ	nzea	
1520 Da	sune Street	,			2/15/08		
Winston-Salem, N.C.					e. Phone Number		
27127			(336)713-9		3-995]		
2. Candidate Infor	mation	422337 E	🔲 Candidate's Pri				
a. Full Name			c. Candidate ID Numb		d. Party Affili	ation	
Charles Norman Holleman ST			3CQ333 Democrat			crat	
b. Mailing Address (inc	lude City, State, and Zip Code)		e. Office Sought			f. Jurisdiction	
1520 Downe Street Winston Salem, N.C. 27127			Register o	F Dee	ds	Forsyth G	
			(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)				
3. Treasurer Infort	ngifon		4. Custodian of Bo			reach Selena	
a. Full Name		seppent in a report of the	a. Full Name		•	-3	
Charles Norman Holleman Sr.		r- «	- same				
b. Mailing Address (incl	lude City, State, and Zip Code)		b. Mailing Address (inc	clude City, State	e, and Zip Cod	e)	
						amento.	
1520 Doune Street Wikston-Salem, N.C. 27127		≺	- same			3 -	
c. Phone Number	d. Email Address		c. Phone Number	d. Email Addr	ess	***	
336-723-9951	normanhollenan@be	, ner				- CO	
5. Assistant Treasu			6. Account Information (incl_CRO-3500) Add				
. Full Name		Remove	a. Financial Institution Full Name				
NIA			TRI STODE Community Bank				
o. Mailing Address (incl	ude City, State, and Zip Code)		b. Purpose				
			For campain	gn expe	ues		
. Phone Number	d. Email Address		c. Account Code	d. Type		÷	
				Checkin	4		
CERTIFICATION							
Legrify 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. 1							
further certify that this report is complete, true and correct.							
Charles Norman Holleman St. C. Norman Holleman 2/17/08 Signature of Appointed Treasurer Date							
Printed Name of Signer Signature of Appointed Treasurer Date							



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:	Charles Norman Holleman sr.
Treasurer Name:	Charles Norman Holleman st.
Treasurer Address:	1520 Doune Street
(include city, state, & zip)	Wirston-Salem, N.C. 27127
	·
Treasurer Phone:	(336)723-9951

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).

2 | 15 | 08 Date Signed C. Norman Hollewan Signature of Candidate

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



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Certification of Threshold

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$3,000 in the current election cycle

FILED BY:	.
Committee Name:	Holleman for Register of Deeds
Treasurer Name:	Charles Norman Holleman in
Treasurer Address:	1520 Downe Street
(include city, state, & zip)	Winston-Salem, N.C. 27127
Treasurer Phone:	(336) 723-9951
election cycle under the pro- until the end of the election expenditures during this elec- of elections and file required THIS DECLARATION CAI	nittee intends to neither receive nor expend more than \$3,000 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 \$3,000 in contributions or ction cycle, I understand that I must immediately notify the appropriate board campaign finance reports. N ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. Certification to remain under the \$3000 threshold. I will now be required to the for all contributions and expenditures that have not been previously reported thrent election cycle. I further agree to file all future reports required.
215/08	C. Norman Hollevan Signature
Date Signed	Signature
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

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director - Campaign Reporting

FILED BY:

Committee Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Name:

Treasurer Phone:

CRO-3500

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

June 2007

27127

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

Wirston Salem, N.C.

Holleman For Register of Deeds Charles Morman Holleman so

1520 Downe Street

		1							
the above named Con	nmittee. These account r	is true and accurate. I am p numbers include all bank ac er financial account used fo	counts ut	ilized, credit card ac	counts,				
nformation provided court of competent jurious provide account into	would only be used for risdiction. It will be nece formation on required di	sidered confidential and is reached to the purposes of an audit of essary to assign each accounts closure reports. If an account accounts are presumed to have been was	or investi nt numbe ount num	gation or as require r a "account code" i	ed by a n order				
Type of account	Financial Institution	Address		Account Number	Account Code				
checking	Tristone Community Back	401 Knollwood Sty P.O Box 25288 W	s p.c.		5533				
	,	-	27114						
By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided. 2/18/08 C. Wowen Holleuse									
Date Signed Signature of Candidate or Treasurer									
In lieu of providing except for the filing	account information, I co fee. (Only candidates mo	ertify that this committee with ay choose this option.)	ill not rais	se or spend any mon	ey				
Date Signed	Date Signed Signature of Candidate or Treasurer								

Certification of Financial Account Information