Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.
This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

Is this statement:
☑ New ☐ Amended

1. Committee Information

a. Name of Committee
Billy Carter for Lewisville Town Council BC ~~Town Council~~ Mayor

d. ID Number
CCQ607

b. Mailing Address (include City, State and Zip Code)
424 Brookway West Dr. Lewisville, NC, 27023

e. Date Organized
7-1-25

c. Committee Website (Optional)

f. Phone Number
336-986-1247

2. Candidate Information

a. Full Name
Billy Alexander Carter Jr.

e. Party Affiliation
Democrat

b. Mailing Address (include City, State, and Zip Code)
424 Brookway West Dr. Lewisville, NC, 27023

f. Office Sought
Town Council

c. Phone Number
336-986-1247

d. Email Address
billyfortowncouncil@gmail.com

☐ Email copy of report notices

g. Next Election Year
2025

h. Jurisdiction
Lewisville

3. Treasurer Information

a. Full Name
Jennifer Wolfe

b. Mailing Address (include City, State, and Zip Code)
1712 Karmel Dr.

c. Phone Number
336-473-1438

d. Email Address
jenniferw1712@gmail.com

Send report notices by email ☐ Yes ☑ No

4. Assistant Treasurer Information

a. Full Name

b. Mailing Address (include City, State and Zip Code)

c. Phone Number

d. Email Address

☐ Email copy of report notices

5. Custodian of Books Information (Keeper of Records)

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

Amended

c. Phone Number

d. Email Address

☐ Email copy of report notices

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name
Bank of America
Winston-Salem, NC

b. Account Code
1017

c. Type
Checking

I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.

Jennifer Wolfe
Printed Name of Treasurer

J. Wolfe
Signature of Appointed Treasurer

7/7/2025
Date

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

Billy Carter Jr.
Printed Name of Candidate

Billy Carter Jr.
Signature of Candidate

7-7-25
Date

NORTH CAROLINA
STATE BOARD OF ELECTIONS

(Amended) *(stamp)*

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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.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Mayor

Committee Name: Billy Carter for Lewisville ~~Town Council~~ BC

Treasurer Name: Jennifer Wolfe

Treasurer Address: ~~[crossed out]~~ 1712 Karmel Dr.
(include city, state, & zip) Winston-Salem, NC, 27127

Treasurer Phone: 336-473-1438

Check One:

☑ I certify that this committee intends to neither receive nor expend more than $1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds $1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.
THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

____ I am withdrawing my Certification to remain at or under the $1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

7-7-25
Date Signed

Billy Carter (signature)
Signature

NORTH CAROLINA
STATE BOARD OF ELECTIONS

VOTE

Amended

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Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: Billy Carter Jr.

Committee Name: Billy Carter for Lewisville ~~Town Council~~ Mayor BC

Treasurer Name: Jennifer Wolfe

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: CCQ607

Level Registered: [State] [County] If county, specify: Forsyth

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I, Billy Carter , hereby direct that in the event of my death or incapacity all
(Name of Candidate)

funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

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Name of Entity *(Select from §163-278.16B(a))*	Plan for Disbursement (eg. Amount or %)
1. Return to donors	100%
2.	
3.	

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: Billy Carter Jr.

Date: 7-7-25

CRO-3900

Candidate Designation of Committee Funds