

## Statement of Organization - Candidate Committee

Amendment

☐ Yes☒ No

COPY

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
COMMITTEE TO ELECT RICHARD NORMAN			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
2071 MALLARD LAKES DR WINSTON-SALEM, NC 27106		7/5/2005	
		e. Phone Number	
		336 499 6280	
<b>2. Candidate Information</b>		<input checked="" type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
RICHARD NOLAN NORMAN	6KYAEH	LIBERTARIAN	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
2071 MALLARD LAKES DR. WINSTON-SALEM, NC 27106	W-5 CITY COUNCIL		
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name	a. Full Name		
Carl W. Allen	Carl W. Allen		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
305 Gloucestershire Rd. W-5 NC 27104	305 Gloucestershire Rd. W-5 NC 27104		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(336) 659-9908		(336) 659-9908	
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		SUNTRUST	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		CAMPAIGN FUNDS	
c. Phone Number	d. Email Address	c. Code	d. Type
<b>CERTIFICATION</b>			
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.			
Carl W. Allen		Carl W. Allen	7-6-05
Printed Name of Signer		Signature of Appointed Treasurer	Date

CRO-2100A

NC State Board of Elections

May 2003

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FORSTYNN COUNTY  
CLERK OF SUPERIOR COURT



North Carolina  
State Board of Elections

506 N Harrington Street  
Raleigh, NC 27603

Kimberly Westbrook  
Deputy Director - Campaign Reporting

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

**Certification of Threshold**

**FILED BY:**

Committee Name: Committee to Elect Richard Norman  
Treasurer Name: Carl Allen  
Treasurer Address: 305 Gloucestershire Rd.  
(include city, state, & zip) W-S NC 27104  
  
Treasurer Phone: (336) 659-9908

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$3,000 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 \$3,000 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 under the \$3000 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.

7-6-05  
Date Signed

Carl Allen  
Signature



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State Board of Elections

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**Certification of Treasurer**

**FILED BY:**

Candidate Name: Richard Norman  
Treasurer Name: Carl Allen  
Treasurer Address: 305 Gloucestershire Rd.  
(include city, state, & zip) W-5 NC 27104  
  
  
Treasurer Phone: (336) 659-9908

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.

7-6-05  
Date Signed

Carl Allen  
Signature of Candidate



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(919) 733-7173  
Fax: (919) 715-8047

**Confidential**

**Certification of Financial Account Information**

**FILED BY:**

Committee Name: Committee to Elect Richard Norman  
Treasurer Name: Carl Allen  
Treasurer Address: 305 Gloucestershire Rd. W-S NC 27104  
(include city, state, & zip)  
Treasurer Phone: (336) 659-9908

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

Type of account	Financial Institution	Address	Account Number	Code
CHECKING	SUNTRUST	REYNOLDA RD	[REDACTED]	C1

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

7-6-05  
Date Signed

Carl Allen  
Signature of 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