

COPY

Statement of Organization - Candidate Committee

Amendment

☒ Yes☐ No

1. Committee Information			
a. Full Name		c. ID Number	
Committee to elect Richard Norman		N/A	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
2071 Mallard Lakes Drive Winston-Salem, NC 27106		07/05/2005	
		e. Phone Number	
		(336) 499-6280	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Richard Norman		6KYAE4	Libertarian
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
2071 Mallard Lakes Drive Winston-Salem, NC 27106		W-S City Coucil	NO
		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Carl Allen		Carl Allen	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
305 Gloucestershire Road Winston-Salem, NC 27104		305 Gloucestershire Road Winston-Salem, NC 27104	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(336) 659-9908	treasurer@votenorman.org	(336) 659-9908	treasurer@votenorman.org
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
<input type="checkbox"/> Add		<input checked="" type="checkbox"/> Add	
<input type="checkbox"/> Remove		<input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
		PayPal	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Online Donations	
c. Phone Number	d. Email Address	c. Code	d. Type
		2	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.			
<u>Carl Allen</u>		<u>Carl Allen</u>	<u>8-22-05</u>
Printed Name of Signer		Signature of Appointed Treasurer	Date

CRO-2100A

NC State Board of Elections

May 2003

2005 AUG 23 PM 4:52

FORSTH COUNTY
BOARD OF ELECTIONS



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 Road
(include city, state, & zip) Winston-Salem
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.

☒ 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.

8-22-05
Date Signed

Carl Allen
Signature

RECEIVED
2005 AUG 23 PM 4:22
FORSYTH COUNTY
BOARD OF ELECTIONS



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

Confidential

Certification of Financial Account Information

FILED BY:

Committee Name: Committee to elect Richard Norman

Treasurer Name: Carl Allen

Treasurer Address: 305 Gloucestershire Road
(include city, state, & zip) Winston-Salem, NC 27104

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	PayPal	2145 Hamilton Ave. San Jose, CA 95125	[REDACTED]	2
Checking	Suntrust	2801 Reynolda Rd. W-S NC 27106	[REDACTED]	1

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

8-22-05
Date Signed

Carl Allen
Signature of Treasurer