

# Statement of Organization - Candidate Committee

Amendment  
 Yes  No

COPY

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 (when amending, only re-submit if applicable).

1. Committee Information			
a. Full Name <i>Nathan Jones for Winston-Salem</i>		c. ID Number <i>2013 JUL 24 AM 11:04</i>	
b. Mailing Address (include City, State and Zip Code) <i>1830 Darwick Rd Winston-Salem NC 27127</i>		d. Date Organized <i>7/18/2013</i>	e. Phone Number <i>336 764 1461</i>
2. Candidate Information			
a. Full Name <i>Nathan Jones</i>		c. Candidate ID Number <i>ZCQ6QW</i>	f. Party Affiliation <i>Republican</i> <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) <i>1830 Darwick Rd, Winston-Salem NC 27127</i>		g. Office Sought <i>Winston Salem Council South Ward</i>	
c. Phone Number <i>336 764-1461</i>	d. Email Address	h. Next Election Year	i. Jurisdiction
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		Custodian of Books Information	
a. Full Name <i>Gary S. Jones</i>		a. Full Name <i>Gary S Jones</i>	
b. Mailing Address (include City, State, and Zip Code) <i>359 Tob Hilton Rd Thomasville NC 27380</i>		b. Mailing Address (include City, State, and Zip Code) <i>359 Tob Hilton Rd Thomasville NC 27368</i>	
c. Phone Number <i>336 455 6539</i>	d. Email Address <i>gjones1@triad.rr.com</i>	c. Phone Number <i>336 475 6539</i>	d. Email Address
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information	
a. Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove		a. Financial Institution Full Name <i>Newbridge Bank</i> <input type="checkbox"/> Add <input type="checkbox"/> Remove	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose <i>Committee Checking</i>	
c. Phone Number	d. Email Address	c. Account Code <i>01</i>	d. Type <i>checking</i>
<input type="checkbox"/> Email copy of notices			
CERTIFICATION			
I certify 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. I further certify that this report is complete, true and correct.			
<i>GARY S JONES</i> Printed Name of Signer		<i>Gary S Jones</i> Signature of Appointed Treasurer	<i>7-24-13</i> Date



North Carolina  
 State Board of Elections  
 441 N Harrington Street  
 Raleigh, NC 27603

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 ELECTIONS

2013 JUL 24 AM 11:04

RECEIVED

Kim Westbrook Strach  
 Executive Director

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

COPY

**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: Nathan Jones  
 Treasurer Name: Gary S. Jones  
 Treasurer Address: 359 Tab H. Linn Rd  
 (include city, state, & zip) Thomasville NC 27360  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 336 475 6539

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).

7/24/13  
 Date Signed

[Signature]  
 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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**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).

Candidate Name: Nathan Jones

Committee Name: Nathan Jones for Winston-Salem

Treasurer Name: Gary S. Jones

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

Committee ID #: \_\_\_\_\_

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

I, Nathan Jones, hereby direct that in the event of my death or incapacity all 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).

Name of Entity <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>Forsyth County Republican Party</u>	<u>100%</u>
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: [Signature]

Date: 7/24/13

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