


# Statement of Organization - Candidate Committee

Amendment

Yes  No

<b>1. Committee Information</b>					
a. Full Name				c. ID Number	
Beroth Campaign Committee					
b. Mailing Address (include City, State and Zip Code)				d. Date Organized	
PO Box 160 Pfafftown, NC 27040				03/06/2006	
				e. Phone Number	
				(336) 924-4213	
<b>2. Candidate Information</b>				<input checked="" type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number		d. Party Affiliation	
Walter Winfield Beroth		CQY6AA		Republican	
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought		f. Jurisdiction	
PO Box 160 Pfafftown, NC 27040		County Commissioner		Forsyth County	
		<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>			
<b>3. Treasurer Information</b>			<b>4. Custodian of Books Information</b>		
a. Full Name			a. Full Name		
Fred Walter Beroth			Fred Walter Beroth		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
PO Box 160 Pfafftown, NC 27040			PO Box 160 Pfafftown, NC 27040		
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address	
(336) 757-7600	walter@berothoil.com		(336) 757-7600	walter @berothoil.com	
<b>5. Assistant Treasurer Information</b>			<b>6. Account Information</b> (incl. CRO-3500)		
			<input checked="" type="checkbox"/> Add		
a. Full Name			a. Financial Institution Full Name		
Paul Victor Beroth			BB & T		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
PO Box 160 Pfafftown, NC 27040			Campaign Expenses		
c. Phone Number	d. Email Address		c. Code	d. Type	
(336) 757-7600	vic@berothoil.com		1	Checking	
<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.					
F. Walter Beroth				03/17/2006	
Printed Name of Signer		Signature of Appointed Treasurer		Date	

CRO-2100A

NC State Board of Elections

May 2003

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FORSYTH COUNTY

# Statement of Organization Addendum

Page 1 of 1

Amendment  
 Yes  No

Include all additional assistant treasurers or accounts on this page and attach it to the appropriate form(s).			
1. Committee Full Name (and Fund if applicable)		2. ID Number	
Beroth Campaign Committee		CQY6AA	
3. Assistant Treasurer Information		4. Account Information (incl. CRO-3500)	
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
Paul Victor Beroth			
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
PO Box 160 Pfafftown, NC 27040			
c. Phone Number	d. Email Address	c. Code	d. Type
(336) 757-7600	vic@berothoil.com		
3. Assistant Treasurer Information		4. Account Information (incl. CRO-3500)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Code	d. Type
3. Assistant Treasurer Information		4. Account Information (incl. CRO-3500)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Code	d. Type
3. Assistant Treasurer Information		4. Account Information (incl. CRO-3500)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Code	d. Type

**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.

F. Walter Beroth

Printed Name of Signer

*F. Walter Beroth*  
 Signature of Appointed Treasurer

03/17/2006

Date



**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: Beroth Campaign Committee  
 Treasurer Name: F. Walter Beroth  
 Treasurer Address: PO Box 160  
 (include city, state, & zip) Pfafftown, NC 27040  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 336-757-7600

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	Branch Banking&Trust	110 S. Stratford Rd.	[REDACTED]	1
		W-S, NC 27104		

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

03/17/2006  
 Date Signed

F. Walter Beroth  
 Signature of Treasurer

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FORSTY COUNTY