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Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Statement of Organization - Candidate Committee

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			c. ID Number		
Witherspoon for Commissioner			209566		
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
1325 Reynolds Forest Dr. W/S 27107			2/3/114		
			e. Phone Number		
			(336) 784-1863		
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
Everette M Witherspoon		209566		Democrat	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
181 E Sixth Ave #514 W/S 27107		Commissioner			
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
336-4116 9386		2014		District A	
<input type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
Ida B. Witherspoon					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
1325 Reynolds Forest Dr W/S 27107					
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
336-784 1863					
I prefer to receive notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name		b. Purpose
			Wells Fargo Bank		Campaign expenses
b. Mailing Address (include City, State, and Zip Code)			c. Account Code		d. Type
			1938		Checking
<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.					
Ida B. Witherspoon		Ida B. Witherspoon		3/12/14	
Printed Name of Signer		Signature of Appointed Treasurer		Date	

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

Kim Westbrook Strach
Executive Director

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

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: Everette L. Witherspoon
Treasurer Name: Ida B. Witherspoon
Treasurer Address: 1325 Reynolds Forest Drive
(include city, state, & zip) Winston-Salem
North Carolina
27107
Treasurer Phone: (336) 784-1863

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).

3/12/14
Date Signed

Everette L. Witherspoon
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: Everette L. Witherspoon

Committee Name: Witherspoon for Commissioner

Treasurer Name: Ida B. Witherspoon

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

Committee ID #: _____

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

I, Everette L. Witherspoon, 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).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Democratic 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: 3/12/14

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