

# COPY

## Statement of Organization - Candidate Committee

Amendment  
 Yes  No

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).

<b>1. Committee Information</b>					
a. Full Name <u>WHITEHEART COMMITTEE</u> <del>WILLIAM HEATH WHITEHEART</del>			c. ID Number		
b. Mailing Address (include City, State and Zip Code) <u>POST OFFICE BOX FORTY</u> <u>LEWISVILLE, NC 27023</u>			d. Date Organized <u>1-10-14</u>		
			e. Phone Number <u>336 748 1900</u>		
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name <u>WILLIAM HEATH WHITEHEART</u>		e. Candidate ID Number		f. Party Affiliation <u>R</u> <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code) <u>POST OFFICE BOX FORTY</u> <u>LEWISVILLE, NC 27023</u>		g. Office Sought <u>COUNTY COMMISSIONER</u>			
c. Phone Number <u>336 748 1900</u>	d. Email Address <u>WHWVOA@BELL SOUTH.NET</u>	h. Next Election Year <u>2014</u>		i. Jurisdiction <u>FORSYTH</u>	
<input type="checkbox"/> Email copy of notices					
<b>3. Treasurer Information</b>			<b>4. Custodian of Books Information</b>		
a. Full Name <u>WM. HEATH WHITEHEART</u>			a. Full Name <u>SAME</u>		
b. Mailing Address (include City, State, and Zip Code) <u>POST OFFICE BOX FORTY</u> <u>LEWISVILLE, NC 27023</u>			b. Mailing Address (include City, State, and Zip Code) <u>SAME</u>		
c. Phone Number <u>336 748 1900</u>	d. Email Address <u>WHWVOA@BELL SOUTH.NET</u>	c. Phone Number <u>336 748 1900</u>	d. Email Address <u>WHWVOA@BELL SOUTH.NET</u>		
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Email copy of notices		
<b>5. Assistant Treasurer Information</b>			<b>6. Account Information</b> (incl. CRO-3500)		
a. Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
c. Phone Number	d. Email Address	c. Account Code	d. Type		
<input type="checkbox"/> Email copy of notices					
<b>CERTIFICATION</b>					
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.					
<u>WH WHITEHEART</u>		<u>[Signature]</u>		<u>1/10/14</u>	
Printed Name of Signer		Signature of Appointed Treasurer		Date	

FORSYTH COUNTY BOARD OF ELECTIONS  
RECEIVED  
JAN 10 PM 2:29

**COPY**



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

FURSYTH COUNTY  
BOARD OF ELECTIONS  
2014 JAN 10 PM 2:29

RECEIVED

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: WILLIAM HEATH WHITEHEART  
Treasurer Name: BILL WHITEHEART  
Treasurer Address: POST OFFICE BOX FORTY  
(include city, state, & zip) LEWISVILLE  
NORTH CAROLINA 27023  
Treasurer Phone: 336 748 1900

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).

1/10/14  
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.