

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

1. Committee Information	
a. Full Name WOOD For Council	c. ID Number 5BYF32
b. Mailing Address (include City, State and Zip Code) PO Box 55 Tobaccoville NC 27050	d. Date Organized 7/20/07
	e. Phone Number 336-922-1878

2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee
a. Full Name STEPHEN WRAY WOOD	e. Candidate ID Number	d. Party Affiliation N/A
b. Mailing Address (include City, State, and Zip Code) PO Box 55 Tobaccoville NC 27050	f. Office Sought Tobaccoville Village Council	g. Jurisdiction
	(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name CANDIDATE	a. Full Name	b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
b. Mailing Address (include City, State, and Zip Code) PO Box 55 Tobaccoville NC 27050	c. Phone Number	c. Phone Number	d. Email Address
	d. Email Address		

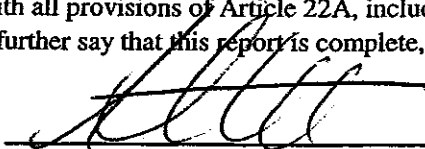
5. Assistant Treasurer Information		6. Account Information	
a. Full Name	a. Financial Institution Full Name Wachovia	b. Purpose Checking/Campaign	
b. Mailing Address (include City, State, and Zip Code)	c. Account Code 0000	d. Type Checking	

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.

STEVE WOOD

Printed Name of Signer



Signature of Appointed Treasurer

10/18/07

Date



COPY

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

Kimberly Westbrook-Strach
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

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

FILED BY:

Committee Name: _____
Treasurer Name: Candidate
Treasurer Address: PO Box 55
(include city, state, & zip) Tobaccoville NC 27050
Treasurer Phone: 336.922.1878

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 "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	Wachovia	7015 Main King NC 27021	[REDACTED]	0000

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

10/18/07
Date Signed

[Signature]
Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

Date Signed

Signature of Candidate or Treasurer