



**COPY**

WASHTON COUNTY  
BOARD OF ELECTIONS  
OCT 27 08  
RECEIVED

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

**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: COMMON SENSE SOLUTIONS COMMITTEE  
Treasurer Name: Rep. DALE FOLWEL  
Treasurer Address: 299 S. WESTVIEW DR  
(include city, state, & zip) W/SALEM NC 27104  
  
Treasurer Phone: 336.748.0246

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).

10/26/08  
Date Signed

Dale Folwel  
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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Statement of Organization - Referendum Committee

Use this form to create a new or update an existing referendum committee.

This form must be accompanied by form CRO-3500.

Amendment

Yes  No

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<b>1. Committee Information</b>	
a. Full Name Common Sense Solutions Committee	c. ID Number
b. Mailing Address (include City, State and Zip Code) 299 S. WESTVIEW DR W/SALCM, NC. 27104	d. Date Organized 10/26/08
	e. Phone Number

<b>2. Referendum Information</b>		
a. Full Name Common Sense Solution	b. Date of Referendum OPEN	c. Declaration <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose

<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name Rep. DALE R. FOLWELL	b. Mailing Address (include City, State, and Zip Code) 299 S. WESTVIEW DR. → WINSTON-SALEM, NC. 27104	a. Full Name	b. Mailing Address (include City, State, and Zip Code)
c. Phone Number 336 748 0046	d. Email Address DFOLWELL@TRIAD.OC.GOV	c. Phone Number	d. Email Address DFOLWELL@TRIAD.OC.GOV

<b>5. Assistant Treasurer Information</b>		<b>6. Account Information (incl. CRO-3500)</b>	
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

**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.

Rep. DALE FOLWELL  
Printed Name of Signer

*[Signature]*  
Signature of Appointed Treasurer

10/26/08  
Date



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*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: NDNC  
Treasurer Name: \_\_\_\_\_  
Treasurer Address: \_\_\_\_\_  
(include city, state, & zip) \_\_\_\_\_  
Treasurer Phone: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
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