

Statement of Organization - Candidate Committee

| | |
|------------------------------|-----------------------------|
| Amendment | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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 | | c. ID Number | |
| CARLOS SHOWERS FOR ALDERMA | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Organized | |
| 102 BEECH TREE DR. BLACK MOUNTAIN, NC 28711 | | 7-16-09 | |
| | | e. Phone Number | |
| | | 669-5481 | |
| 2. Candidate Information | | <input type="checkbox"/> Candidate's Primary Committee | |
| a. Full Name | c. Candidate ID Number | d. Party Affiliation | |
| CARLOS LOREN SHOWERS | | DEM. | |
| b. Mailing Address (include City, State, and Zip Code) | e. Office Sought | f. Jurisdiction | |
| 102 BEECH TREE DR. BLACK MOUNTAIN, NC 28711 | ALDERMA | | |
| (If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.) | | | |
| 3. Treasurer Information | | 4. Custodian of Books Information | |
| a. Full Name | a. Full Name | | |
| CARLOS LOREN SHOWERS | CARLOS LOREN SHOWERS | | |
| b. Mailing Address (include City, State, and Zip Code) | b. Mailing Address (include City, State, and Zip Code) | | |
| 102 BEECH TREE DR. BLK. MTA. NC 28711 | 102 BEECH TREE DR. BLK. MTA. NC 28711 | | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Address |
| 669-5481 | BASCK102@AOL.CO | 669-5481 | BASCK102@AOL.CO |
| 5. Assistant Treasurer Information | | <input type="checkbox"/> Add <input type="checkbox"/> Remove | |
| a. Full Name | 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. | | | |
| CARLOS L. SHOWERS | | 7-16-09 | |
| Printed Name of Signer | | Date | |
| | | | |
| Signature of Appointed Treasurer | | | |



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: CARLOS SHOWERS
 Treasurer Name: CARLOS SHOWERS
 Treasurer Address: 102 BEECH TREE DR.
 (include city, state, & zip) BLK. MTA. NC 28711

 Treasurer Phone: 828-669-5481

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).

7-16-09
 Date Signed

CARLOS SHOWERS
 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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Certification of Threshold

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$3,000 in the current election cycle

FILED BY:

Committee Name: CARLOS SHOWERS FOR ALABAMA
 Treasurer Name: CARLOS SHOWERS
 Treasurer Address: 102 BEECH TREE DR.
 (include city, state, & zip) BLK. MM. NC 28711

 Treasurer Phone: 828-669-5481

Check One:

I certify that this committee intends to neither receive nor expend more than \$3,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$3,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain under the \$3000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

7-16-09
 Date Signed

Carlos Showers
 Signature

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



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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: CARLOS SHOWERS FOR ALDERMAN
 Treasurer Name: CARLOS SHOWERS
 Treasurer Address: 102 BEECH TREE DR.
 (include city, state, & zip) BUL. MTN. NC 28711
 Treasurer Phone: 828-669-5481

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.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

| 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.

7-16-09
 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.)

7-16-09
 Date Signed

[Signature]
 Signature of Candidate or Treasurer