

# 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			c. ID Number		
Donald Samuel Collins			238-90-9562		
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
80 Camp Branch Road Black Mt NC 28711			7-6-11		
			e. Phone Number		
			828-273-5111		
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
Donald Samuel Collins				Independent <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
80 Camp Branch Rd Black Mt NC 28711		BLACK MTN ALDERMAN			
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
828-273-5111	DonaldSCollins@Chatter.net	2011		Burcombe	
<input type="checkbox"/> Email copy of notices					
<b>3. Treasurer Information</b>			<b>4. Custodian of Books Information</b>		
a. Full Name			a. Full Name		
Ellen Frost					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
1420 North Fork Rd Black Mt. NC					
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
828-666-6278	bedbiscentkennel@aol.com				
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)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name		SunTrust Bank Bk. Mt.	
		b. Purpose		Campaign Contributions	
b. Mailing Address (include City, State, and Zip Code)		c. Account Code		d. Type	
		1		SunTrust Checkings	
c. Phone Number		d. Email Address			
<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.					
Ellen Frost		[Signature]		7/6/11	
Printed Name of Signer		Signature of Appointed Treasurer		Date	



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: Don Collins

Treasurer Name: Ellen Frost

Treasurer Address: 1420 North Fork Rd, Bilk Mk NC  
 (include city, state, & zip) 28711

Treasurer Phone: (828) 669-6578

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).

7/6/11  
 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.



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: Campaign for Elect Don Collins BIK MT Alderbrook  
 Treasurer Name: Ellen Frost  
 Treasurer Address: 1420 North Fork Rd Black Mt NC  
 (include city, state, & zip) 28711  
 Treasurer Phone: (828) 669-6578

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
checking	SunTrust Bank	2601 Hwy 9 Black Mt NC 28711	[REDACTED]	1

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

7-6-11  
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.)

7-6-11  
Date Signed

\_\_\_\_\_  
Signature of Candidate or Treasurer