

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	
Committee To Elect William D. Alexander JR			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
608 Lochridge RD CHARLOTTE NC 28209-4747		02/10/2012	
		e. Phone Number	
		704-557-5654	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
William David Alexander JR			
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
608 Lochridge RD CHARLOTTE NC 28209-4747		Register of Deeds	
		(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	
William David Alexander JR		William David Alexander JR	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
608 Lochridge RD CHARLOTTE NC 28209-4747		608 Lochridge RD CHARLOTTE NC 28209-4747	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-557-5654	BigD28209@yahoo.com	704-557-5654	BigD28209@yahoo.com
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
William David Alexander JR		MECKLENBURG COUNTY	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
608 Lochridge RD CHARLOTTE NC 28209-4747		FEB 10 2012 BOARD OF ELECTIONS	
c. Phone Number	d. Email Address	c. Account Code	d. Type
704-557-5654	BigD28209@yahoo.com		
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.			
W.D. Alexander JR		W.D. Alexander JR	2-10-2012
Printed Name of Signer		Signature of Appointed Treasurer	Date



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

Kimberly Westbrook-Strachan
 Deputy Director – Campaign Reporting

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

MECKLENBURG COUNTY
 FEB 10 2012
 BOARD OF ELECTIONS

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 David Alexander JR
 Treasurer Name: William David Alexander JR
 Treasurer Address: 608 Lochridge RD
 (include city, state, & zip) CHARLOTTE NC 28209

 Treasurer Phone: 704-557-5654

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).

2-10-2012
 Date Signed

W-D Alexander Jr
 Signature of Candidate

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



MECKLENBURG COUNTY

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

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Deputy Director – Campaign Reporting

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Raleigh, NC 27611-7255
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Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

Candidate Name: William D. Alexander Sr

Committee Name: Elect William D. Alexander Sr

Treasurer Name: William David Alexander Sr

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: _____

Level Registered: [State] [County] If county, specify: Mecklenburg

I, William D. Alexander Sr, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Metrolna Association f/t Blind</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: W.D. Alexander f

Date: 2-10-2012

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