

JUL 14 2011

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			c. ID Number		
Scott For Village Council					
b. Mailing Address (include City, State, and Zip Code)			d. Date Organized		
5 Merion Place Pinehurst NC 28374			7/18/2011		
			e. Phone Number		
			910 315 7856		
2. Candidate Information			<input type="checkbox"/> Candidate's Primary Committee		
a. Full Name		c. Candidate ID Number		d. Party Affiliation	
William Scott Lincione		XH4781		Rep.	
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought		f. Jurisdiction	
5 Merion Place Pinehurst NC 28374		Pinehurst Council member			
(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		
Robert Patrick Barry			Robert Patrick Barry		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
425 Sandhills Circle Pinehurst NC 28374			425 Sandhills Circle Pinehurst, NC 28374		
c. Phone Number		d. Email Address		c. Phone Number	
910 992 6029		rplanny1@yahoo.com			
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove
Helen Spofford Bell			First Bank		<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
PO Box 249 Southern Pines NC 28388			Campaign Account		
c. Phone Number		d. Email Address		c. Account Code	
910 690 1065		HSBELL@NC.rr.com		1	
				d. Type	
				Checking	
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.					
P. Patrick Barry		[Signature]		7/14/11	
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:

William Scott Lincione

Treasurer Name:

Robert Patrick Barry

Treasurer Address:

425 Sandhills Circle

(include city, state, & zip)

Pinehurst NC 28374

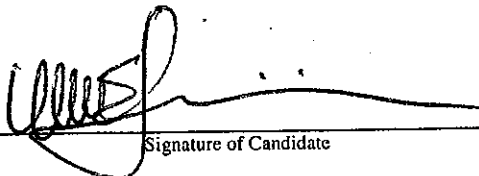
Treasurer Phone:

910.972.6029

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).

7/10/2011
Date Signed


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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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: Scott for Village Council
 Treasurer Name: Robert Patrick Barry
 Treasurer Address: 425 Sandhills Circle
 (include city, state, & zip) Pinehurst NC 28374
 Treasurer Phone: 910.992.6029

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	First Bank	PO Box 151 10 Chinquapin Rd Pinehurst NC 28370	[REDACTED]	1

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

7/10/2011
 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.)~~

~~7/10/2011~~
 Date Signed

~~[Signature]~~
 Signature of Candidate or Treasurer

