

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).

1. Committee Information			
a. Full Name COLIN FOR COUNCIL		c. ID Number JUL 27 2015	
b. Mailing Address (include City, State and Zip Code) 140 SOUTH LAKESHORE DR. WHISPERING PINES, NC 28327		d. Date Organized 7/17/2015	
		e. Phone Number 910-639-1065	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name COLIN STUART OLEY WEBSTER		e. Candidate ID Number	f. Party Affiliation NON-PARTISAN <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) 140 SOUTH LAKESHORE DR. WHISPERING PINES, NC 28327		g. Office Sought COUNCIL	
c. Phone Number 910-639-1065	d. Email Address colin@qscotgrp.com	h. Next Election Year 2015	i. Jurisdiction WHISPERING PINES
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name COLIN STUART OLEY WEBSTER		a. Full Name - SAME -	
b. Mailing Address (include City, State, and Zip Code) 140 SOUTH LAKESHORE DR. WHISPERING PINES, NC 28327		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 910-639-1065	d. Email Address colin@qscotgrp.com	c. Phone Number	d. Email Address
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove		a. Financial Institution Full Name FIRST BANK <input type="checkbox"/> Add <input type="checkbox"/> Remove	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose CHECKING ACCOUNT	
c. Phone Number	d. Email Address	c. Account Code 1	d. Type CHECKING
<input type="checkbox"/> Email copy of notices			
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.			
COLIN WEBSTER Printed Name of Signer		 Signature of Appointed Treasurer	7/27/2015 Date



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

RECEIVED

JUL 27 2015

MOORE BOE

Kim Westbrook Strach
Executive Director

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: COLIN WEBSTER
Treasurer Name: COLIN WEBSTER
Treasurer Address: 140 SOUTH LAKEHORE DR.
(include city, state, & zip) WHISPERING PINES, NC 28327

Treasurer Phone: 910-639-1065

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).

7/27/2015
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.



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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: COLIN FOR COUNCIL
Treasurer Name: COLIN S.D. WEBSTER
Treasurer Address: 140 SOUTH LAKESHORE DR.
(include city, state, & zip) WHISPERING PINES, NC 28327
Treasurer Phone: 910-639-1065

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 is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. **Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on 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	10 CHINGAPIN RD, PINEHURST	[REDACTED]	1

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

7/27/2015
Date Signed

[Signature]
Signature of Candidate or Treasurer

For Candidate Committees Only

- In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

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

Date Signed

Signature of Candidate or Treasurer



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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: COLIN S. WEBSTER

Committee Name: COLIN FOR COUNCIL

Treasurer Name: COLIN S. WEBSTER

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

Committee ID #: _____

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

I, COLIN WEBSTER, 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 <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>RETURNED TO CONTRIBUTORS</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: [Signature]

Date: 7/27/2015

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