

Statement of Organization - Candidate Committee

Is this statement:

☐ New ☐ Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information			
a. Name of Committee Weeks For Goldsboro Committee		d. ID Number	
b. Mailing Address (include City, State and Zip Code) 313 Pine Land Drive Goldsboro NC 27534		e. Date Organized 5/31/23	
c. Committee Website (Optional) BeverlyWeeks.org		f. Phone Number	
2. Candidate Information			
a. Full Name Beverly Hinnant Weeks		e. Party Affiliation Republican	
b. Mailing Address (include City, State, and Zip Code) 313 Pine Land Drive Goldsboro NC 27534		f. Office Sought City Council District 5	
c. Phone Number	d. Email Address	g. Next Election Year 2023	h. Jurisdiction 5th
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information			
a. Full Name Forrest Charles Phillips III		a. Full Name RECEIVED WGBOF	
b. Mailing Address (include City, State, and Zip Code) 118 Pineridge Ln. Goldsboro, NC 27534		b. Mailing Address (include City, State and Zip Code) JUN 01 2023	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address BY
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)			
a. Full Name Same as above		a. Financial Institution Full Name First Citizens Bank	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code 888	c. Type Checking
<input type="checkbox"/> Email copy of report notices			
<p>I certify that the Committee is in compliance with all applicable provisions of Article 22A 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> <p>Forrest C. Phillips III Printed Name of Treasurer Forrest C. Phillips III Signature of Appointed Treasurer 5/31/23 Date</p> <p>I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.</p> <p>Beverly Weeks Printed Name of Candidate Beverly Weeks Signature of Candidate 5/31/23 Date</p>			



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: Beverly Weeks

Committee Name: Weeks For Goldsboro Committee

Treasurer Name: Chip Phillips

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

Committee ID #: _____

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

I, Beverly Weeks, 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>Trooper Nolan Sanders Foundation</u>	<u>50%</u>
2. <u>Cry Freedom Missions</u>	<u>50%</u>
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: Beverly Weeks

Date: 5/31/23