

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	d. ID Number
<i>Weeks For Goldsboro Committee</i>	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
<i>313 Pineland Drive Goldsboro NC 27534</i>	<i>5/31/23</i>
c. Committee Website (Optional)	f. Phone Number
<i>BeverlyWeeks.org</i>	
2. Candidate Information	
a. Full Name	e. Party Affiliation
<i>Beverly Hinnant Weeks</i>	<i>Republican</i>
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
<i>313 Pineland Dr. 27534</i>	<i>City Council District 5</i>
c. Phone Number	d. Email Address
<input checked="" type="checkbox"/> Email copy of report notices	
3. Treasurer Information	
a. Full Name	a. Full Name
<i>Forrest Charles Phillips III</i>	<i>71-RECEIVED WCPOL</i>
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)
<i>118 Pineridge Ln. Goldsboro, NC 27534</i>	<i>JUN 01 2023</i>
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of report notices	
4. Financial Institution Information	
a. Full Name	a. Financial Institution Full Name
<i>Same as above</i>	<i>First Citizens Bank</i>
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of report notices	
b. Account Code	c. Type
<i>888</i>	<i>Checking</i>
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.	
<i>Forrest C. Phillips III</i>	<i>Forrest C. Phillips III</i>
Printed Name of Treasurer	Signature of Appointed Treasurer
<i>6/1/23</i>	
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.	
<i>Beverly Weeks</i>	<i>Beverly Weeks</i>
Printed Name of Candidate	Signature of Candidate
<i>5/31/23</i>	



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:

Chp 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