

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		d. ID Number	
a. Name of Committee Weeks For Goldsboro Committee			
b. Mailing Address (include City, State and Zip Code) P.O. Box 407 Goldsboro NC 27533		e. Date Organized 5/3/23	
c. Committee Website (Optional) BeverlyWeeks.org		f. Phone Number (Redacted)	
2. Candidate Information		3. Treasurer Information	
a. Full Name Beverly Hannant Weeks		a. Full Name RECEIVED WCBOE	
b. Mailing Address (include City, State, and Zip Code) 313 Pineland Drive Goldsboro NC 27534		b. Mailing Address (include City, State and Zip Code) JUL 28 2023	
c. Phone Number (Redacted)	d. Email Address BWeeks03200@gmail.com	c. Phone Number BY	d. Email Address BY
<input type="checkbox"/> Email copy of report notices		<input type="checkbox"/> Email copy of report notices	
4. Custodian of Funds Information (Required if Treasurer is not the candidate)		5. Account Information (Required if Treasurer is not the candidate)	
a. Full Name Forrest Charles Phillips III		a. Financial Institution Full Name First Citizens Bank	
b. Mailing Address (include City, State, and Zip Code) 118 Pine ridge Ln. Goldsboro NC 27534		b. Account Code 888	
c. Phone Number (Redacted)	d. Email Address ChippPhillips32@gmail.com	c. Type Checking	
<input type="checkbox"/> Email copy of report notices		<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> <u>Forrest C. Phillips III</u> <u>Forrest C. Phillips III</u> <u>7/23/23</u> Printed Name of Treasurer Signature of Appointed Treasurer 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> <u>Beverly Weeks</u> <u>Beverly Weeks</u> <u>5/3/23</u> Printed Name of Candidate Signature of Candidate Date </p>			