

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.

a. Name of Committee		d. ID Number	
Weeks For Goldsboro Committee			
b. Mailing Address (Include City, State and Zip Code)		e. Date Organized	
P.O. Box 407 Goldsboro NC 27533		5/3/23	
c. Committee Website (Optional)		f. Phone Number	
Beverly Weeks.org			
a. Full Name		e. Party Affiliation	
Beverly Hinnant Weeks		Republican	
b. Mailing Address (Include City, State, and Zip Code)		f. Office Sought	
313 Pineland Drive Goldsboro NC 27534		City Council District 5	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
	Bweeks0330@gmail.com	2023	5th
<input type="checkbox"/> Email copy of report notices			
a. Full Name		a. Full Name	
Forrest Charles Phillips III		RECEIVED WCBOE	
b. Mailing Address (Include City, State, and Zip Code)		b. Mailing Address (Include City, State and Zip Code)	
118 Pine Ridge Ln. Goldsboro NC 27534		JUL 28 2023	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
	Chipp Phillips32@gmail.com	BY	
<input type="checkbox"/> Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
CANDIDATE INFORMATION (CRO-3500)			
a. Full Name		a. Financial Institution Full Name	
Same as above		First Citizens Bank	
b. Mailing Address (Include City, State, and Zip Code)		b. Account Code	
		Checking	
c. Phone Number	d. Email Address	b. Account Code	c. Type
		888	
<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>			
Forrest C. Phillips III		7/23/23	
Printed Name of Treasurer		Signature of Appointed Treasurer	
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.			
Beverly Weeks		5/3/23	
Printed Name of Candidate		Signature of Candidate	