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 The Committee to Elect 2013 JUL 25 AM 10:29 LIDA HAYES CALVERT RECEIVED

Mailing Address (include City, State and Zip Code) DCQ53Q 4417 Bent Tree Farm ROAD Winston-Salem NC 27/06 336.926.7777 Candidate's Primary Committee 2. Candidate Information e. Candidate ID Number f. Party Affiliation 👙 🖁 Full Name Hayes CALVERT (Indicate Non-partican if applicable City Council - Nonthwest WARD 336.926.7777 | lidasl@aol.com 2013 **☑** Email copy of notices 3. Treasurer Information 4. Custodian of Books Information a. Full Name a.Full Name 🔻 MICHAEL A. MILLER b. Mailing Address (include City, State, and Zip Code) b. Mailing Address (include City, State, and Zip Code) 130 WELLESLEY PLACE COURT LEWISVILLE NC 27023 c. Phone Number d. Email Address Phone Number d. Email Address mike. miller @gliddenpaofessiona 336. 399.6660 I prefer to receive notices by email V Yes ☐ Email copy of notices 6. Account Information - (Incl. CRO-3500) Add 5. Assistant Treasurer Information . Financial Institution Full Name Full Name New Bridge BANK b. Mailing Address (include City, State, and Zip Code) Campaign Expenditures c. Account Code d. Email Address Phone Number Checking X LHCNW 1 ■ 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

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.

Michael A. Miller

CRO-2100A

Michael a. Mul

7-22-13

Date





North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603 RECEIVED

2013 JUL 26 AM 10: 30

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Kim Westbrook Strach Executive Director

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:	LIDA HAYES CALVERT
Treasurer Name:	MICHAEL A. MILLER
Treasurer Address:	130 WELLESLEY PLACE COURT
(include city, state, & zip)	LEWISVILLE NC 27023
Treasurer Phone:	336.399.6660
Trouburor Friend.	336.3 (11 0000
the duties and responsibilitie	rmation is correct, and I, as candidate, appoint said treasurer to personally fulfill es imposed upon the appointed treasurer and subject to the penalties and I. Regulation of Election Campaigns of Chapter 163 of the North Carolina

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).

7-22-13 Date Signed

Signature of Candidate

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