

# Statement of Organization - Candidate Committee

Amendment  
☐ Yes ☐ No

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
COMMITTEE TO RE-ELECT DICKIE WOOD		65YL66	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
105 MEADOWS EDGE RD. CLEMMONS, NC 27012		4/26/04	
		e. Phone Number	
		712-4578	
<b>2. Candidate Information</b>		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
DICKIE C. WOOD	65YL66	REPUBLICAN	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
105 MEADOWS EDGE RD. CLEMMONS, NC 27012	REGISTER OF DEEDS	FORSYTH COUNTY	
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name	a. Full Name		
ROBERT M. BROWN	ROBERT M. BROWN		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
899 RIDGE GATE DR. LEWISVILLE, NC 27023	899 RIDGE GATE DR. LEWISVILLE, NC 27023		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
945-9103	rbrown2038@triad.rr.com	945-9103	
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		BB & T	
b. Mailing Address (include City, State, and Zip Code)	b. Purpose		
	CHECKING ACCT. NO. [REDACTED]		
c. Phone Number	d. Email Address	c. Code	d. Type
		BBT1	CHECKING
<b>CERTIFICATION</b>			
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.			
ROBERT M. BROWN		Robert M. Brown 5/4/04	
Printed Name of Signer		Signature of Appointed Treasurer Date	

CRO-2100A

NC State Board of Elections

May 2003



North Carolina  
State Board of Elections

506 N Harrington Street  
Raleigh, NC 27603

Kimberly Westbrook  
Deputy Director – Campaign Reporting

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

**Certification of Treasurer**

**FILED BY:**

Candidate Name: DICKIE C. WOOD  
Treasurer Name: ROBERT M. BROWN  
Treasurer Address: 899 RIDGE GATE DR.  
(include city, state, & zip) LEWISVILLE, NC 27023  
  
  
Treasurer Phone: (336) 945-9103

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

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.

5/4/04  
Date Signed

[Signature]  
Signature of Candidate



North Carolina  
State Board of Elections  
506 N Harrington Street  
Raleigh, NC 27603

Kimberly Westbrook  
Deputy Director – Campaign Reporting

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

**Confidential**

**Certification of Financial Account Information**

**FILED BY:**

Committee Name: COMMITTEE TO RE-ELECT DICKIE WOOD  
Treasurer Name: ROBERT M. BROWN  
Treasurer Address: 899 RIDGE GATE DR.  
(include city, state, & zip) LEWISVILLE, NC 27023

Treasurer Phone: (336) 945-9103

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "code" in order to provide account information on required disclosure reports. If an account number is used as the "code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Account Number	Code
CHECKING	BB&T	P.O. BOX 819 WILSON, NC 27874	[REDACTED]	BBT1

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

5/4/04  
Date Signed

Robert M. Brown  
Signature of Treasurer