

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.

1. Committee Information	
a. Full Name	c. ID Number
Committee To Elect Fred Foster	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
P.O. Box 15313 Durham, N.C. 27704	January 13, 2010
	e. Phone Number
	(410) 616-8634

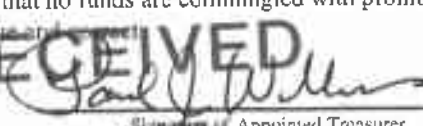
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee
a. Full Name	c. Candidate ID Number	d. Party Affiliation
Fred Foster, Jr.		Democrat
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction
5718 Whippoorwill St. Durham, N.C. 27704	NC State House Representative	55
	(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name	a. Full Name		
Paul J. Williams			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
10005 Stallion Way Bahama, N.C. 27503			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-516-6071	Pwilli: 4195@aol.com		

5. Assistant Treasurer Information		<input type="checkbox"/> Add	<input checked="" type="checkbox"/> Add
a. Full Name	<input type="checkbox"/> Remove	b. Account Information (incl. CRO-3500)	<input type="checkbox"/> Remove
		a. Financial Institution Full Name	
		SunTrust Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Contributions	
c. Phone Number	d. Email Address	c. Account Code	d. Type
			Checking

CERTIFICATION
 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.

Paul J. Williams
 Printed Name of Signer


 Appointed Treasurer

RECEIVED
 JAN 15 2010
 1-17/10

IN PERSON



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

Kimberly Westbrook-Strach
 Deputy Director – Campaign Reporting

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

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: Fred Foster, Jr.

Treasurer Name: Paul J. Williams

Treasurer Address: 10005 Stallion Way

(include city, state, & zip) Bahama, N.C. 27503

Treasurer Phone: (919) 516-6071

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. 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).

January 13, 2010
 Date Signed

Fred Foster, Jr.
 Signature of Candidate

RECEIVED

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

JAN 15 2010



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

Kimberly Westbrook-Strach
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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 nine allowable methods outlined in 163-278.16B(a).

Candidate Name: Fred Foster, Jr.
Committee Name: Committee To Elect Fred Foster
Treasurer Name: Paul J. Williams
If Candidate is own treasurer, designate an agent to carry out designations: _____
Committee ID #: _____
Level Registered: [State] [County] If county, specify: State

I, Fred Foster, Jr., 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>Expenditures resulting from holding public office</u>	<u>50%</u>
2. <u>Expenditures resulting from the campaign for public office</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: Fred Foster, Jr. **RECEIVED**
Date: January 13, 2010 **JAN 15 2010**
IN PERSON

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