



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification to Return to Active Status

This Certification is used by Candidate, Party, PACs and Referendum Committees which have previously filed the Certification of Inactive Status and now wish to return to an active status.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: Committee To Elect Cindy Edwards

Treasurer Name: Cathy Williams

Treasurer Address: 204 Spanish Trail
(include city, state, & zip) Jacksonville NC 28546

Treasurer Phone: 910-358-7258

I certify that the above named candidate/political committee, which has been of **inactive status** and exempt from filing disclosure reports, intends to accept contributions and/or make expenditures. This intention of activity alters the status of the above named candidate/political committee to **active status** and requires such committee to begin filing disclosure on the appropriate schedule. All contributions received and/or expenditures made that have not been previously reported will be disclosed on the next scheduled report and all subsequent reports will be filed as scheduled. An amended Statement of Organization (CRO-2100 A-G) must accompany this form.


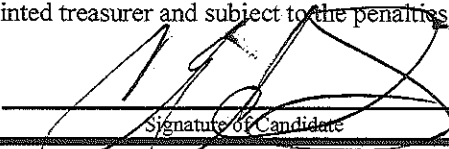
19 Nov 21
Date Signed

Cathy M. Williams
Signature

Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" type="checkbox"/> 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			
a. Name of Committee		d. ID Number	
Committee to Elect Cindy Edwards		STA-545A5N-C-001	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
210 Linwood Drive		05-29-2019	
c. Committee Website (Optional)		f. Phone Number	
electcindyedwards.com (currently being updated)		910.330.8723	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Cindy L. Edwards		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
210 Linwood Drive, Jacksonville NC 28546		City Council	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910.330.8723	cindyedwardsnc@gmail.com	2022	City of Jacksonville
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Cathy Williams		n/a	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
204 Spanish Trail Jacksonville NC 28546			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910.358.7258			
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
Cathy Williams		First Bank	
b. Mailing Address (include City, State, and Zip Code)			
204 Spanish Trail Jacksonville NC 28546			
c. Phone Number	d. Email Address	b. Account Code	c. Type
910.358.7258		A	Checking
<input checked="" 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>Cathy Williams Printed Name of Treasurer</p>		<p> Signature of Appointed Treasurer</p>	
		<p>11-18-21 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>Cindy L. Edwards Printed Name of Candidate</p>		<p> Signature of Candidate</p>	
		<p>11-18-21 Date</p>	



NORTH CAROLINA STATE BOARD OF ELECTIONS

Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form.

FILED BY:

Committee Name: Committee to Elect Cindy Edwards

Treasurer Name: Cathy Williams

Treasurer Address: 204 Spanish Trail
(include city, state, & zip) Jacksonville NC 28546

Treasurer Phone: 910.358.7258

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 is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. **Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on reports.** If an account number is used as the "account code," confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	First Bank	827 New Bridge Street Jacksonville NC 28540		A

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

19 Nov 2021
Date Signed

Cathy M. Williams
Signature of Candidate or Treasurer

For Candidate Committees Only

- In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

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

Date Signed

Signature of Candidate or Treasurer



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Additional account numbers:

Type of Account	Financial Institution	Address	Account Number	Account Code
none				

19 Nov 21
Date Signed

Cathy M. Williams
Signature of Candidate or Treasurer