

Statement of Organization - Candidate Committee

Amendment  
 Yes  No

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
Carson Smith for Sheriff			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. Box 875 Hampstead, NC 28443		1-16-06	
		e. Phone Number	
		910-270-2022	
<b>2. Candidate Information</b>		<input checked="" type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Carson Henry Smith Jr.			Republican
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
47 Hidden Bluff Trail Hampstead, NC 28443		Sheriff	Pender
		<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>	
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
Ray Blackburn		Ray Blackburn	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
P.O. Box 895 HAMPSTEAD, N.C. 28443		P.O. Box 895 HAMPSTEAD, N.C. 28443	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-270-2022	RAY@RAYBLACKBURN.COM	910-270-2022	RAY@RAYBLACKBURN.COM
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information</b> (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		Bank of Wilmington	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		campaign expenses	
c. Phone Number	d. Email Address	c. Code	d. Type
		BW1	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.			
RAY C. BLACKBURN		1-25-06	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	



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: Carson Smith

Treasurer Name: Ray Blackburn

Treasurer Address: P.O. Box 895

(include city, state, & zip) Hampstead, NC 28443

Treasurer Phone: 910-270-2022

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.

1-25-06  
Date Signed

  
Signature of Candidate



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**Confidential**

**Certification of Financial Account Information**

**FILED BY:**

Committee Name: Carson Smith for Sheriff  
 Treasurer Name: Ray Blackburn  
 Treasurer Address: P.O. Box 895  
 (include city, state, & zip) HAMPSTEAD, N.C.  
 Treasurer Phone: 910-270-2022

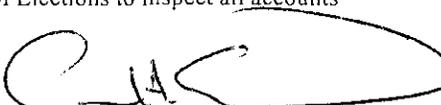
I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose 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	Bank of Wilmington	Hampstead, NC		BW1

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

1-25-06  
Date Signed

  
Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Candidate or Treasurer