Statement of Organization - Candidate Committee

Is this stat	ement:
☐ New	☐ 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	1 .	d. ID Number
Doil Mid Writer Consert a	Hon	
b. Mailing Address (include City, State and Zip Code)	,	e. Date Organized
6010 Kainfu Sto Burlingt	on 11 2	7217
c. Committee Website (Optional)	0 1/100	f. Phone Number
		8(502401
2. Candidate Information		DOJA 34. 19
a. Full Name	e. Party Affiliation	
David Nichard Somill		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought	
O D O hour St	i. Office Sought	
the range of		
BUNINGTONIUCZGG		
c. Phone Number d. Email Address	g. Next Election Year	h. Jurisdiction
336512-3474 Spyrday PALaha Cum		
☐ Email copy of report notices	1	1
3. Treasurer Information	4. Assistant Treasurer Information	
a. Full Name	a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (in	clude City, State and Zip Code)
, , , , , , , , , , , , , , , , , , ,		5, s 2p esat)
c. Phone Number d. Email Address	c. Phone Number	d. Email Address
d. Ellian Address	c. Phone Number	u. Elliali Address
Send report notices by email Yes No	☐ Email copy of r	eport notices
5. Custodian of Books Information (Keeper of Records)	6. Account Information (incl. CRO-3500)	
a. Full Name	a. Financial Institution	Full Name
b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number d. Email Address	b. Account Code	c. Type
☐ Email copy of report notices		
Email copy of report notices		
I certify that the Committee is in compliance with all applica	able provisions of Ar	ticle 22 A of Chapter 163 of the NC
General Statutes and that no funds are commingled with pro		
this report is complete, true and correct.	moned of outer non	the contract of the contract o
David No Soland David	la la .	1.11/21
David David David	IMADA	all ellas
Printed Name of Treasurer Sig	nature of Appointed Trea	surer (Date
I certify that the information above is correct, and I, as the car	ndidate, appoint said	treasurer to personally fulfill the
duties and responsibilities imposed upon the appointed treasur		
163 of the NC General Statutes.	1 0	
David on Sound David	I As Sons	01111 /0111121
Printed Name of Gandidate	Signature of Candidate	Date



Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

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

FILED BY:	
Committee Name:	Doil & Water Onservation
Treasurer Name:	DAVID Sprill David Sprill
Treasurer Address:	610 Rainy St
(include city, state, & zip)	Burlington MC 27217
Treasurer Phone:	336-512-3474
election cycle under the prountil the end of the election expenditures during this election of elections and file required THIS DECLARATION CAI I am withdrawing my of file the next scheduled	nittee intends to neither receive nor expend more than \$1,000 during the current cedures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$1,000 in contributions or ction cycle, I understand that I must immediately notify the appropriate board I campaign finance reports. N ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. Certification to remain at or under the \$1,000 threshold. I will now be required report for all contributions and expenditures that have not been previously of the current election cycle. I further agree to file all future reports required.