

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:	Citizens to elect Danas Davis Westbrooks			
Treasurer Name:	Donna Davis Westbrooks			
Treasurer Address:	126 Tarleton Ave.			
(include city, state, & zip)	Burlington, NC 27215			
Treasurer Phone:	336-226-6968			
Check One:				
12-13-23 Date Signed	Danna D. Westbrooks			

DEC 13 2023

Statement of Organization - Candidate Committee

Is this statement:				
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		The Control of the Co		
a. Name of Committee		d. ID Number		
Citizens to elect Dunna Da	vis Westbrooks			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized		
126 Tarleton Ave. Burlingt	12-13-23			
c. Committee Website (Optional)		f. Phone Number		
		336-226-6968		
2. Candidate Information	disense in the property of the property of the contract of the			
a. Full Name	e. Party Affiliation			
Donna Davis Westbrooks				
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought			
126 Tarleten Aue, Burlington	INC ABSS Board of	Education		
c . Phone Number d. Email Address	g. Next Election Year h	Jurisdiction		
336-226-468 ddw 4abss@gmail.c	ion			
■ Email copy of report notices				
3. Treasurer Information	4. Assistant Treasurer Inform	ation :		
a. Full Name	a. Full Name			
* same as above				
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, Sta	te and Zip Code)		
c. Phone Number d. Email Address	c. Phone Number d. Email Add	ress		
Send report notices by email Yes No				
5. Custodian of Books Information (Keeper of Records) 6. Account Information (incl. CRO-3500)				
a Fúll Name	a. Financial Institution Full Name			
	नसङ्क्षाल _् र	Secretary and the second		
b. Mailing Address (include City, State, and Zip Code)	2. 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	DEC	1 8 2023		
c. Phone Number d. Email Address	b. Account Code c. Type			
Email copy of report notices				
		·		
I certify that the Committee is in compliance with all ap	onlicable provisions of Article 22A of	Chanter 163 of the NC		
General Statutes and that no funds are commingled wit	-	-		
this report is complete, true and correct.	n promotou or omer non alcoroscu ra			
Printed Name of Treasurer	Signature of Appointed Treasurer	Date		
Timod Name of Alabares	digitature of Appointed Treasurer	Duto		
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.				
Danna Davis Westbrooks	bordte all Earner	ks 12-13-23		
Printed Name of Candidate	Signature of Candidate	Date		