

Statement of Organization - Candidate Committee

COPY

Amendment

☐ Yes

☐ No

1. Committee Information

a. Full Name

Robin Burr DeVane 2003 AUG -1 AM 11:52

c. ID Number

b. Mailing Address (include City, State and Zip Code)

1215 Meddaway Lane
Lewisville NC 27023

d. Date Organized

8-1-03

e. Phone Number

336-945-6240

2. Candidate Information

☐ Primary Candidate Committee

a. Full Name

Robin Burr DeVane

b. Candidate ID Number

07YX6T

c. Office Sought

Nonpartisan

d. District/County/Municipality

e. Party Affiliation

(If office sought is nonpartisan, write "Nonpartisan" in [e] Party Affiliation.)

3. Treasurer Information

a. Full Name

Robin Burr DeVane

4. Custodian of Books Information

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

Same as #1

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

945-6240 rdevane@alltel.net

c. Phone Number

d. Email Address

5. Assistant Treasurer Information

a. Full Name

☐ Add

☐ Remove

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name

☐ Add

☐ Remove

b. Mailing Address (include City, State, and Zip Code)

b. Purpose

c. Phone Number

d. Email Address

c. Code

d. Type

CERTIFICATION

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.

Robin B. DeVane

Printed Name of Signer

[Signature]

Signature of Appointed Treasurer

8-1-03

Date

CRO-2100A

NC State Board of Elections

March 2003



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

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Kimberly Westbrook
Deputy Director - Campaign Reporting

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

Confidential

Certification of Financial Account Information

FILED BY:

Committee Name:

Robin Burr DeVane

Treasurer Name:

Treasurer Address:

1215 Meadowgate Lane

(include city, state, & zip)

Lewisville NC 27023

Treasurer Phone:

336-945-6240

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
I will not open an acct or spend funds for my campaign			81103	

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

8-1-03

Date Signed

[Signature]
Signature of Treasurer



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State Board of Elections

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Raleigh, NC 27603

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Deputy Director - Campaign Reporting

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Certification of Treasurer

FILED BY:

Candidate Name:

Robin Burr-DeVane

Treasurer Name:

Treasurer Address:
(include city, state, & zip)

1215 Meadowgate Lane
Lewisville NC 27023

Treasurer Phone:

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.

8-01-03
Date Signed

Robin Burr-DeVane
Signature of Candidate



North Carolina
State Board of Elections

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Fax: (919) 715-8047

Certification of Threshold

FILED BY:

Committee Name:

Robin Burr-DeVane

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

1215 Meadowgate Ln.
Lewisville NC 27023

Treasurer Phone:

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$3,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$3,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

☐ I am withdrawing my Certification to remain under the \$3000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

8-1-03
Date Signed

R. Burr-DeVane
Signature