Statement of Organization - Candidate Con

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-	:
DUST FOR	j
	·

Amendment	
☐ Yes	No

1. Committee Information			
2. Full Name	/ c. ID Number		
RUEBEN DANIEL CO b. Malling Address (include City, State and Zip Code)	RNWELL		
b. Mailing Address (include City, State and Zip Code)	d. Date Organized		
6910 Millbridge Rd. Clemmuns, N.C 270	10 - 27 - 04 e. Phone Number		
Clemmons, N.C 210	12 336 712-0948		
2. Candidate Information	Candidate's Primary Committee		
a. Full Name	c. Candidate ID Number d. Party Affiliation		
RUEBEN DANIEL CORNWELL	INDEPENDENT		
b. Malling Address (include City, State, and Zip Code)	c. Office Sought f. Jurisdiction		
6910 Millbridge Rd.	Soil + WATER CONK. BEO.		
Clemmons, N.C 27012	Dis て. Sup, (If office sought is nonpartisan, write "Nonpartisan" in [d]		
Clemmons, M.O. D. C.	(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)		
3. Treasurer Information	4. Custodian of Books Information		
a. Full Name	a. Full Name		
RUEBEN DANIEL CONNELL RUEBEN DANIEL CONNELL b. Mailing Address (include City, State, and Zip Code) b. Mailing Address (include City, State, and Zip Code)			
	b. Mailing Address (include City, State, and Zip Code)		
6910 Millbridge Rd. 6910 Millbridge Rd.			
Clemmons W.C 2701Z c. Phone Number d. Email Address	Clemmons N.C 27012 c. Phone Number d. Email Address		
c. Phone Number d. Email Address	336		
712-0948	712-0948		
5. Assistant Treasurer Information	o. Account Antol Marion		
a. Full Name Remove	a. Financial Institution Full Name Remove		
RUEBEN DANIEL CORNUELL	RUESEN D. COZNWELL 3		
b. Malling Address (include City, State, and Zip Code)	b. Purpose 2 20		
GG10 Millbridge Rd. Clemmons, N.C. 27012			
c. Phone Number d. Email Address	c. Code d. Type		
C & state () trained W. Divisio () trained			
	CASH ACCT. CO		
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.			
Printed Name of Signer Signature of Appointed Treasurer Date			



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 Threshold

FILED BY:	
Committee Name:	RUEBEN DANIEL CONNELL
Treasurer Name:	LUEBEN DANIEL COMMELL
Treasurer Address:	6910 Millbridge Ld.
(include city, state, & zip)	Clemans, N.C 27012
Treasurer Phone:	
Check One:	
election cycle under the pro until the end of the election expenditures during this ele	mittee intends to neither receive nor expend more than \$3,000 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 \$3,000 in contributions or ection cycle, I understand that I must immediately notify the appropriate board d campaign finance reports.
file the next scheduled repo	Certification to remain under the \$3000 threshold. I will now be required to rt for all contributions and expenditures that have not been previously reported urrent election cycle. I further agree to file all future reports required.
//- 05 - 04 Date Signed	Lucken Vaniel Cornwell



506 N Harrington Street Raleigh, NC 27603

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Certification of Treasurer

EILED BY:	2	1	0 11	
Candidate Name:	LVEBEN	VANIEL	COILMNET	
Treasurer Name:	LUEBEN	DANIEL	Commell	
Treasurer Address:	6910 M	illbridge	e Pd.	
(include city, state, & zip)	6910 M Clemmons	, N.L	27012	
		,		
Freasurer Phone:	336 - 7/2-	094P		

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.

11-05-04

Signature of Candidate



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Confidential

Certification of Financial Account Information

FILED BY:	. 7	^ .	0 11	
Committee Name:	LUEBER	DANIEL	Connucl	
Treasurer Name:	RUEBOY	DANIE!	Commodel	
Treasurer Address	6910 M	illbridge Zo	<u>.</u>	
(include city, state, &		¥ (-	2702	
Treasurer Phone:	336-71	z · 0948		
for the above named C accounts, money mark Committee. The information provi The information provi a court of competent juprovide account information provide account	nation provided below is to committee. These account et or savings accounts, or ded on this form is conside ded would only be used for prisdiction. It will be necessation on required discloss account number is presume	numbers include all ba any other financial acc ered confidential and is or the purposes of an au- ssary to assign each acc ure reports. If an account	nk accounts utilized, cr ount used for any purpo not subject to public di dit or investigation or a count number a "code" int number is used as th	edit card use by the sclosure. us required by in order to
Type of account	Financial Institution	Address	Account Number	Code
	DESERT DANIEL COMME	2701L	ž.	
By signing this statem provided.	ent, I authorize agents of t	he State Board of Elect	ions to inspect all acco	unts
//- 05 - 04 Date Signed	·	Rueben	Cancel Cor Signature of Treasurer	mwell