# Statement of Organization - Candidate Compie OPY

Amendment

Yes No

		<u> </u>		
1. Committee Information		c. ID Number		
a. Full Name ROBERT (BOB) EUWARD DALTON				
ROBERT (BOB) EVERAL OFFICE		PTYZ70		
b. Mailing Address (include City, State and Zip Code)		d. Date Organized		
1175 SEWISUTHE-CLEMMONS RD		8-8-05		
LEWISVILLE, N.C. 27023	7	e. Phone Number		
KILWINE		336-655-7456		
2. Candidate Information	Candidate's Primary	Committee		
2. Candidate information	c. Candidate ID Number	d. Party Affiliation		
ROBERT/BOB) EDWARD DALTON	PTYZ70	NONPARTISAN		
The state of Address State and Zin Code)	e. Office Sought	f. Jurisdiction		
1175 LEWISVILLE CLEMMONS K LEWISVILLE, N.C. 27623	(If office sought is nonpo	OF LEWIS LEWIS VI WILLE artisan, write "Nonpartisan" in [d] ty Affiliation.)		
3. Treasurer Information	4. Custodian of Books In	4. Custodian of Books Information		
a. Full Name	a. Full Name			
ROBERT (BOB) EDWARD DALTON	ROBERT (BOB) EDWARD DALTON			
Meiling Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)  1175 LEWIS WILLE CLEMMONS R			
1175 LEWIZUITTE CLEMMONS P. LEWISUITTE, N.C. 27023	LEWISUILL	E, N.C. 27023		
c. Phone Number d. Email Address		ail Address W DALTIN PLOYERTIE		
6.55-7456 WWW. DATON PROPERTIES		ALD for		
5. Assistant Treasurer Information	6. Account Information	(incl. CRO-3500) M Add		
a. Full Name Remove	a. Financial Institution Full N	ame Remove		
ROBERT (BOB) EDWARD DALTON	BBET LE	WISUILLE		
Nation Address (heingt City State and Zin Code)	b. Purpose			
1195 LEWIS VILLE-CLEMMONS RD		PREFERRED CREDIT		
WELLISUILLE, N.C. 27023		LINE		
W. Branken d Frankl Address	c. Code d. Typ	e		
55-7456 @ AOL COMM.	9018990412 CH	eckt NG-		
CERTIFICATION				
I	sions of Article 22A, includ	ing that no funds are commingled		
with funds for a federal or out-of-state PAC. I further say t	hat this report is complete,	true and correct.		
DARGOT F. DALTON Pal	gnature of Appointed Treasurer	8-8-2005 Date		
A THING A MILE OF SIGN	ori of Elections	May 2003		

CRO-2100A

NC State Board of Elections



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:			1-		<b>-</b> /
Committee Name:	KOBE		B) EDWA		LTON
Treasurer Name:	ROBE	RT/BOX	3) EDWA	TRO DAL	TON
Treasurer Address:	1175 2	FUTS	VILLE-C	CLEMMO	NJKD.
(include city, state, & zip)	(2FU)7	SUIL	LE, N.C	. 2702	3
	<i></i>			* ; ·	
		<u> </u>			
Treasurer Phone:	336-6	655-7	1456		
Check One:  I certify that this comm lection cycle under the proc ntil the end of the election of xpenditures during this elections and file required HIS DECLARATION CAN	edures set forth in cycle for this com- tion cycle, I under campaign finance I ONLY BE MA	in G.S. 163-27 mittee. If this erstand that I a ce reports. DE AT THE	78.10A. This cers committee excursion immediately BEGINNING O	eeds \$3,000 in c y notify the app	contributions or propriate board
I am withdrawing my C le the next scheduled report om the beginning of the cur	for all contributi	ions and expe	uditūleš mai nav	e that acen bres	rousi, reporte
			, /	1.11	
8-8-2005		1	aber	Ellac	ton
Date Signed			•	4 Signature	



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:	ROBERT (BOB) EDWARD DALTON
Treasurer Name:	ROBERT (BOB) EDWARD DALTON  1175 LEWISUILLE-CLEMMONS RD
	1175 NEWISDILLE-CLEMMONS AU
(include city, state, & zip)	DEWISUILLE, N.C. 27023
Treasurer Phone:	336-655-7456

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.

8-8-2005 Date Signed Description Signature of Candidate



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

Kimberly Westbrook Deputy Director - Campaign Reporting

CRO-3500

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

#### Confidential

## Certification of Financial Account Information

FILED BY:		63-		
Committee Name			WARD DAKT	
Treasurer Name:			WARD DALT	
Treasurer Address	s: 1175 be	WIZUILL	-CLEMMONS'K	
(include city, state, &	zip) LEWIS	UTILE-ET	MANO NIC	27023
Treasurer Phone:	336-6	55-745	6	
~ .1 .1	mation provided below is Committee. These accounts, o	u numbers include	THE DAME STOCKS WITH WILLIAM	, · · · · · · · · · · · · · ·
The information provide account information	ded on this form is consided would only be used it urisdiction. It will be necessition to the constitution of the constitution	or the purposes of	an addit of investigation in the account number a "c	code" in order to
confidentiality of the	nation on required discre account number is presun	ed to have been w	aived.	
confidentiality of the a	mation on required this local count number is presum  Financial Institution	Address	Account Num	
confidentiality of the a	account number is presun	ied to nave been w	arveu.	
Type of account	Financial Institution	ied to nave been w	arveu.	ber Code
confidentiality of the a  Type of account  PERSONAL  PREFERRED  CREDIT LEWE	Financial Institution	Address    LEWISU	Account Num	Der Code    7663   700
Type of account  TENSO NAL  PREFERRED  CREDET LENE  By signing this statem	Financial Institution  WACHOUTA  BB+7	Address    LEWISU	Account Num	Der Code    7663   700
Type of account  TENSO NAL  PREFERRED  CREDET LENE  By signing this statem	Financial Institution  WACHOUTA  BB+7	Address    LEWISU	Account Num	Der Code    7663   700
Type of account  PERSONAL  PREFERRED  CREDET LEWE  By signing this statem provided.  8-8-2005  Date Signed  In lieu of providing account	Financial Institution  WACHOUTA  BB+7	Address  SEWIS  the State Board of	Account Num  THE  THE  Signature of Treasure will not raise or specific and the specific an	accounts
Type of account  PERSONAL  PREFERRED  CREDET LEWE  By signing this statem provided.  8-8-2005  Date Signed  In lieu of providing account	Financial Institution  WACHOUTA  BB+7  ent, I authorize agents of	Address  SEWIS  the State Board of	Account Num  THE  THE  Signature of Treasure will not raise or specific and the specific an	accounts  Tool  accounts  and any money

Certification of Financial Account Information