Statement of Organization - Candidate Contact Y

Amendment	
☐ Yes	No

1. Committee I	nformation		··			
a. Full Name					c. ID Numb	er
DEW	HITT C. NE	ELY				
b. Mailing Address	(include City, State and Zi	ip Code)			d. Date Org	anized
2941	-ARRING TO	AL ANE			7-2-	08
					e. Phone Nu	mber
RURA	LHALL, NE	L 10 43				
2. Candidate In	formation		Candidate's	Primary Com	uittee	
a. Full Name			c. Candidate ID Nu	mber	d. Party Affi	liation
DEWHITT	C.N EELY					
b. Mailing Address (include City, State, and Zi	p Code)	e. Office Sought			f. Jurisdiction
LOGIEAR	RINGTON LANE					}
20.00	IRLL, NG. 27045	<u>-</u>	1			
RUKALA	ific-lag, x 1 12	•	(If office sought	is nonnartisa	n write "Non	partisan" in [d]
			(1) 9)	Party Affi		
3. Treasurer Info	rmation	 	4. Custodian of			
. Full Name			a. Full Name			
DEWHITT	C. NEELY		,			
. Mailing Address (i	clude City, State, and Zip	Code)	b. Mailing Address (include City, State, and Zip Code)			
LOGI FAR	RINGTON LANE			-		
J. DAI	4 AIR N.E. 2.7645		1		-	
Phone Number	d. Email Address		c. Phone Number	d. Email Add	PAGE	
469-5166	-I		C. I HORE I VIIIIOCI			
967-310-			1	1 .		
Assistant Treas	urer Information	☐ Add	6. Account Infor	nation (inci	. CRO-3500)	Add
Full Name		Remove	a. Financial Institutio	n Full Name		Remove
					-	
			<u> </u>			
Mailing Address (inc	Eude City, State, and Zip (Code)	b. Purpose			
					-	
hone Number	d. Email Address		c. Code	d. Type		
RTIFICATION		-	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
certify that the Co	ommittee is in complia deral or out-of-state PA					commingled
D G WH, TI	C. NEELY		hitt Cheel		1-1-03	-
Printed	Name of Signer	Sig	nature of Appointed Taka	surer	D	ate

CRO-2100A

NC State Board of Elections

May 2003





North Carolina State Board of Elections

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

	Condition of Frontier
FILED BY: Candidate Name: Treasurer Name: Treasurer Address: (include city, state, & zip)	DEWHITTCNEELY DEWHLTTCNEELY 6891 FARRINGTON LANE RURALHALL N.C. 27045
Treasurer Phone:	(336) AL4-8166
the duties and responsibilities sanctions in Subchapter VIII General Statutes. I understand that if the above	mation is correct, and I, as candidate, appoint said treasurer to personally fulfill as imposed upon the appointed treasurer and subject to the penalties and a Regulation of Election Campaigns of Chapter 163 of the North Carolina at Treasurer changes, it will be necessary to certify a new treasurer and amend ganization within 10 days of the vacancy.
7-7-03 Date Signed	Doubitt Cheely Signature of Candidate



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:	DEWH	177 C. N	ELL		
Treasurer Name:	DEWRIT		- Fry		
Treasurer Address:	689 F-021	C TONE AS	· A-	<u> </u>	
(include city, state, & zip)	QURAL HA	LL Nr 2701	es -		
Treasurer Phone:	36) 865	rec			
Check One: I certify that this comme election cycle under the procuntil the end of the election cexpenditures during this elections and file required THIS DECLARATION CAN	edures set forth in G.S. cycle for this committee tion cycle, I understand campaign finance repo	. 163-278.10A. This e. If this committee d that I must immedi orts.	s certification exceeds \$3,0 iately notify t	will remain in one of the will remain in one of the contribution in the contribution of the contribution o	effect ons or ooard
I am withdrawing my C file the next scheduled report from the beginning of the cur	for all contributions as	nd expenditures that	have not been	n previously rep	
7_7_0 5 Date Signed		Sout I	C. Heigh		



State Board of Elections 506 N Hamington 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

Confidential

Certification of Financial Account Information

FILED BY:				
Committee Name	e:			
Treasurer Name:	DEWHI	TT C. NEFL	<i></i>	
Treasurer Addres	s: 689/E47	PRINGTON	LANE	
(include city, state, &	ezip) RURALL,	NC 27045		
Treasurer Phone:				
for the above named accounts, money man Committee. The information provement of the information provem	Committee. These accounts, or the construction of this form is consided would only be used furisdiction. It will be necessitive.	nt numbers include a or any other financial dered confidential ar for the purposes of a cessary to assign eac	I am providing all account in the second in the second accounts utilized, contained and is not subject to public depend on a sudit or investigation or a second number a "code"	redit card ose by the isclosure. as required by
provide account infor	mation on required disclo account number is presum	sure reports. If an ac	ccount number is used as the ved.	e "code",
provide account infor		sure reports. If an ac		code",
provide account inforce confidentiality of the	account number is presum	sure reports. If an a ned to have been wai	ved.	e "code",
provide account inforce confidentiality of the	account number is presum	sure reports. If an a ned to have been wai	ved.	e "code",
provide account inforconfidentiality of the : Type of account	account number is presum Financial Institution	sure reports. If an action and to have been wai	ved.	Code
provide account inforconfidentiality of the: Type of account By signing this statement	account number is presum Financial Institution	Address the State Board of E	Account Number lections to inspect all account	Code
provide account inforconfidentiality of the account Type of account By signing this statement provided.	account number is presum Financial Institution	Address the State Board of E	Account Number	Code
By signing this statement provided. Type of account By signing this statement provided. Date Signed In lieu of providing account	Financial Institution Financial Institution ent, I authorize agents of	sure reports. If an ached to have been wai Address the State Board of E	Account Number lections to inspect all account	Code unts
By signing this statement provided. Type of account By signing this statement provided. Date Signed In lieu of providing account	Financial Institution ent, I authorize agents of count information, I certification.	Address the State Board of E fy that this committe hoose this option.)	Account Number lections to inspect all account Signature of Treasurer	Code unts