



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**

**FILED BY:**

Candidate Name:

D. WAYNE RIERSON

Treasurer Name:

D. WAYNE RIERSON

Treasurer Address:

6125 Tob Road

(include city, state, & zip)

Tobaccoville, N.C. 27058

Treasurer Phone:

336-924-4522

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.

Aug 2, 2005  
Date Signed

D. Wayne Rierson  
Signature of Candidate

# Statement of Organization - Candidate Committee

**COPY**

Amendment  
☐ Yes ☐ No

<b>1. Committee Information</b>					
a. Full Name <i>RIERSON for Village Council</i>				c. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>6125 Tobaccoville Rd Tobaccoville, N.C. 27050</i>				d. Date Organized <i>Aug 11, 2005</i>	
				e. Phone Number <i>336-924-4972</i>	
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name <i>DONALD WAYNE RIERSON</i>			c. Candidate ID Number <i>534065</i>		d. Party Affiliation
b. Mailing Address (include City, State, and Zip Code) <i>6125 Tobaccoville Rd Tobaccoville, N.C. 27050</i>			e. Office Sought <i>Village Council Tobaccoville, N.C.</i>		f. Jurisdiction <i>Tobaccoville, N.C.</i>
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)					
<b>3. Treasurer Information</b>			<b>4. Custodian of Books Information</b>		
a. Full Name <i>DONALD WAYNE RIERSON</i>			a. Full Name <i>DONALD WAYNE RIERSON</i>		
b. Mailing Address (include City, State, and Zip Code) <i>6125 Tobaccoville Rd Tobaccoville, N.C. 27050</i>			b. Mailing Address (include City, State, and Zip Code) <i>6125 Tobaccoville Rd Tobaccoville, N.C. 27050</i>		
c. Phone Number <i>336-924-4972</i>	d. Email Address		c. Phone Number <i>336-924-4972</i>	d. Email Address	
<b>5. Assistant Treasurer Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			<b>6. Account Information</b> (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name			a. Financial Institution Full Name <i>First Citizens Bank</i>		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose <i>Campaign Expenses</i>		
c. Phone Number	d. Email Address		c. Code <i>1</i>	d. Type	
<b>CERTIFICATION</b>					
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.					
<i>DONALD WAYNE RIERSON</i> Printed Name of Signer			<i>Donald Wayne Rierson</i> Signature of Appointed Treasurer		<i>Aug 11, 2005</i> Date

CRO-2100A

NC State Board of Elections

May 2003

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2005 AUG 23 AM 10:27

BOARD OF ELECTIONS  
FORSTYH COUNTY

10-534065



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State Board of Elections

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Raleigh, NC 27603

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Fax: (919) 715-8047

**Certification of Threshold**

**FILED BY:**

Committee Name:

D. WAYNE RIERSON

Treasurer Name:

D. WAYNE RIERSON

Treasurer Address:

6125 TOBACCOVILLE RD.

(include city, state, & zip)

TOBACCOCVILLE, N.C.

27050

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.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

☐ 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.

Aug 18, 2005  
Date Signed

D. Wayne Rierson  
Signature

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FORSTYH COUNTY  
BOARD OF ELECTIONS  
March 2003



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

Kimberly Westbrook  
Deputy Director - Campaign Reporting

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Raleigh, NC 27611-7255  
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**Confidential**

**Certification of Financial Account Information**

**FILED BY:**

Committee Name: R. ERSON for Village Council  
Treasurer Name: D. WAYNE R. ERSON  
Treasurer Address: 6125 TOBACCOVILLE RD  
(include city, state, & zip) TOBACCOVILLE, N.C. 27050  
Treasurer Phone: 336-924-4972

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
Checking	First Citizen Bk.	Rdg, N.C.	[REDACTED]	1
			[REDACTED]	

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

Aug 23, 2005  
Date Signed

[Signature]  
Signature of Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Candidate