



COPY

**North Carolina
State Board of Elections**

506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook
Deputy Director - Campaign Reporting

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Certification of Treasurer

FILED BY:

Candidate Name: DAVID Crawford
Treasurer Name: DAVID Crawford
Treasurer Address: 3500 Vest Mill Rd #22
(include city, state, & zip) Winston-Salem, NC, 27107

Treasurer Phone: 336-987-7039

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.

08/26/05
Date Signed

[Signature]
Signature of Candidate

RECEIVED

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Statement of Organization - Candidate Committee

Amendment

☐ Yes

☐ No

1. Committee Information					
a. Full Name DAVID Crawford				c. ID Number R6Y6Y B	
b. Mailing Address (include City, State and Zip Code) 3500 Vest Mill Rd #22 Winston-Salem, NC, 27103				d. Date Organized	
				e. Phone Number 336 987-7039	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name DAVID Crawford		c. Candidate ID Number		d. Party Affiliation	
b. Mailing Address (include City, State, and Zip Code) 3500 Vest Mill Rd #22 Winston-Salem, NC, 27103		e. Office Sought		f. Jurisdiction	
		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name DAVID Crawford			a. Full Name Same as above		
b. Mailing Address (include City, State, and Zip Code) 3500 Vest Mill Rd #22 Winston-Salem, NC, 27103			b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number 336 987 7039	d. Email Address DAVID @ Crawford, Ovg		c. Phone Number	d. Email Address	
5. Assistant Treasurer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			6. Account Information (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name Same as above			a. Financial Institution Full Name BB dt		
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.					
DAVID Crawford				08/16/05	
Printed Name of Signer		Signature of Appointed Treasurer		Date	

CRO-2100A

NC State Board of Elections

May 2003