

2009 JUL 15 AMII: ;

North Carolina

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

Kimberly Westbrook-Strach Deputy Director - Campaign Reporting

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

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:	
Candidate Name:	Darrell G. Roark
Treasurer Name:	Donald A. Showers
Treasurer Address:	141 Bickerstaff Road
(include city, state, & zip)	Clemmons NC 27012
	- 221 211
Treasurer Phone:	336-766-0624

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. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

Amendment Statement of Organization - Candidate Committee ☐ Yes Use this form to create a new or update an existing candidate committee. This form must be accompanied by forms CRO-3100 and CRO-3500 1. Committee Information a. Full Name c. ID Number Committee to Elect Darrell Roark for Council D. Mailing Address (include City, State and Zip Code) d. Date Organized 135 Bickerstaff Road Clemmons, NC 27012 2. Candidate Information Candidate's Primary Committee . Full Name c. Candidate ID Number d. Party Affiliation Darrell G. Roark b. Mailing Address (include City, State, and Zip Code) /CACMM e. Office Sought f. Jurisdiction 135 Bickerstaff Rd ClemnoNS, NC 27012 (If office sought is nonpartisan, write "Nonpartisan" in [d Party Affiliation.) 3. Treasurer Information 4. Custodian of Books Information . Full Name a. Full Name A. Showers b. Mailing Address (include City, State, and Zip Code) b. Mailing Address (include City, State, and Zip Code) 141 Bickerstaff Road Clemmons 27012 Phone Number d. Email Address . Phone Number d. Email Address 336 dashowers@aol.com 766-0624 5. Assistant Treasurer Information Add 6. Account Information (incl. CRO-3500) a. Full Name a. Financial Institution Full Name Truliant Federal Credit Union b. Mailing Address (include City, State, and Zip Code) campaign funds / expenses Phone Number d. Email Address c. Account Code TRU CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.



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FILED BY:

Committee Name:
Treasurer Name:
Treasurer Address:
(include city, state, & zip)

Treasurer Phone:

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Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

I certify that the information provided below is true and accurate. I am providing all account information for

Committee to Elect Darrell Roank for Council

the above named Cor money market or sav	nmittee. These account ings accounts, or any otl	numbers include all bar	ik accounts ut	ilized, credit card ac pose by the Commit	counts.
The information provided court of competent ju to provide account in	vided on this form is con would only be used for risdiction. It will be new formation on required of of the account number	nsidered confidential and or the purposes of an accessary to assign each ac lisclosure reports. If an	l is not subject udit or investiccount number account num	et to public disclosuring to public disclosuring to the public disclosure is to public disclosure in the public disclosur	re. The ed by a in order
The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.					
Type of account	Financial Institution	Address		Account Number	Account Code
Checking	Truliant	4106 Clemma Clemmans, A	ns Rd C27012		TRU
By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided. 7/13/09 Date Signed Signature of Candidate or 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 or Treasurer		
CRO-3500	Certification	of Financial Account In	formation	Augus	st 2008



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Certification of Threshold

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$3,000 in the current election cycle

FILED BY:	
Committee Name:	Committee to Elect Darrell Roack for Counc
Treasurer Name:	Donald A. Showers
Treasurer Address:	141 Bickerstaff Road
(include city, state, & zip)	Clemmons NC 27012
Treasurer Phone:	336-766-0624
election cycle under the pro until the end of the election expenditures during this ele of elections and file required THIS DECLARATION CAS I am withdrawing my file the next scheduled report	nittee 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 ction cycle, I understand that I must immediately notify the appropriate board campaign finance reports. N ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. Certification to remain under the \$3000 threshold. I will now be required to the for all contributions and expenditures that have not been previously reported the rent election cycle. I further agree to file all future reports required.
7//3/19 Date Signed	January Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.