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Statement of Organization - Candidate Committee

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 (when amending, only re-submit if applicable).

Amendment

☐ Yes

☐ No

1. Committee Information

a. Full Name

Committee to Elect David Singletary

c. ID Number

AM 10: 53

VCQ64F

b. Mailing Address (include City, State and Zip Code)

7890 Misty Mountain Road
Germanton NC 27019

d. Date Organized

2-28-2014

e. Phone Number

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name

DAVID BRYANT SINGLETARY

c. Candidate ID Number

VCQ64F

f. Party Affiliation

Republican

(Indicate Non-partisan if applicable)

b. Mailing Address (include City, State, and Zip Code)

7890 Misty Mtn Rd
Germanton NC 27019

g. Office Sought

WS/FC School Board

c. Phone Number

336-462-9488

d. Email Address

electdavidssingletary@gmail.com

h. Next Election Year

2014

i. Jurisdiction

☐ Email copy of notices

3. Treasurer Information

a. Full Name

Kimberly Wall

b. Mailing Address (include City, State, and Zip Code)

7890 Misty Mtn Rd
Germanton NC 27019

c. Phone Number

336-462-9488

d. Email Address

electdavidssingletary@gmail.com

4. Custodian of Books Information

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

I prefer to receive notices by email

☒ Yes

☐ No

☐ Email copy of notices

5. Assistant Treasurer Information

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

☐ Email copy of notices

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name

Allegany FCU

b. Purpose

Campaign Funds

c. Account Code

503

d. Type

Checking

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.

Kimberly Wall
Printed Name of Signer

Kimberly W. Wall
Signature of Appointed Treasurer

3/10/14
Date

COPY



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

2014 MAR 11 AM 10:53

RECEIVED

Kim Westbrook Strach
Executive Director

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:

David Bryant Singletary

Treasurer Name:

Kimberly Wall

Treasurer Address:

7890 Misty Mtn Rd

(include city, state, & zip)

Germanonton NC 27019

Treasurer Phone:

336-462-9488

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).

3/10/2014
Date Signed

Signature of Candidate

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

COPY



FORESYTH COUNTY
CLERK OF SUPERIOR COURT

North Carolina 2014 MAR 11 AM 10:53
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

RECEIVED

Kim Westbrook Strach
Executive Director

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

Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

Candidate Name: DAVID BRYANT SINGLETARY

Committee Name: Committee to Elect DAVID Singletary

Treasurer Name: Kimberly Wall

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: VCC 648

Level Registered: [State] [County] If county, specify: Forsyth

I, DAVID BRYANT SINGLETARY, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Contributors</u>	<u>Evenly Amongst Contributors</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: [Signature]

Date: 3-10-14

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