

# Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee UNI This form must be accompanied by forms CRO 3100 and CRO 15007 to be accompanied.

Amendment ☐ Yes ☐ No

	RO-3500 (when amending, o	my re suctific it applicable).
1. Committee Information a. Full Name 7018 M	10.10	
a. Full Name 2010 [7	AR 12 PM 3: 23	c. ID Number
Dimmit Daye for Commissione Pl b. Mailing Address (include City, State and Zip Code)	ECEIVED	d. Date Organized
1722 milles the 12d		
4720 men: westh it		2-27-18
		e. Phone Number
27107		334-926-7358
		W. 100 100 100 100 100 100 100 100 100 10
2. Candidate Information		date's Primary Committee
a. Full Name	e. Candidate ID Number	f. Party Affiliation
21		Republican
Claube Time to Boyd Il		(Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	(maione Hon-partisus it approache)
	4	
4720 Merri weather Ad WES	Commissioner a	1 hora
c. Phone Number d. Email Address		i. Jurisdiction
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	h. Next Election Year	i. Jurisaiction
336-926-7358 Jimmie Soye 1972@ yehor can		
☐ Email copy of notices	1	
3. Treasurer Information	4. Custodian of Books Info	ormation
a. Full Name	a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	SAMe	
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City	, State, and Zip Code)
4720 Memores De pt wc 27/07		
c. Phone Number d. Email Address	c. Phone Number d. Email	Address
374-926-758 Simmil boy 61972@yellos		
I prefer to receive notices by email Yes Mo	☐ Email copy of notice	es
5. Assistant Treasurer Information Add	6. Account Information	(incl. CRO-3500) Add
a. Full Name Remove	a. Financial Institution Full Nam	
, and the second	a. Financial Institution Full Nam	
a. Full Name Remove  b. Mailing Address (include City, State, and Zip Code)	a. Financial Institution Full Nam	
, and the second	BBOT	
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b. Mailing Address (include City, State, and Zip Code)	b. Purpose	ne Remove
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b. Mailing Address (include City, State, and Zip Code)  c. Phone Number	b. Purpose	ne Remove
b. Mailing Address (include City, State, and Zip Code)  c. Phone Number	b. Purpose  Commy  c. Account Code  8107	Remove
b. Mailing Address (include City, State, and Zip Code)  c. Phone Number  d. Email Address  Email copy of notices  CERTIFICATION  I certify that the Committee or Fund is in compliance with a	b. Purpose  c. Account Code d. Type  8107 d.  all applicable provisions of A	Remove  Remove
b. Mailing Address (include City, State, and Zip Code)  c. Phone Number  d. Email Address  Email copy of notices  CERTIFICATION  I certify that the Committee or Fund is in compliance with a Chapter 163 of the NC General Statutes and that no funds a	b. Purpose  c. Account Code d. Type  all applicable provisions of A  are commingled with prohibit	Remove  Remove
b. Mailing Address (include City, State, and Zip Code)  c. Phone Number  d. Email Address  Email copy of notices  CERTIFICATION  I certify that the Committee or Fund is in compliance with a	b. Purpose  c. Account Code d. Type  all applicable provisions of A  are commingled with prohibit	Remove  Remove
b. Mailing Address (include City, State, and Zip Code)  c. Phone Number  d. Email Address  Email copy of notices  CERTIFICATION  I certify that the Committee or Fund is in compliance with a Chapter 163 of the NC General Statutes and that no funds a I further certify that this report is complete, true and correct	b. Purpose  c. Account Code d. Type  all applicable provisions of A  are commingled with prohibit	Article 22A, 22B & 22D-22M of ted or other non-disclosed funds.
b. Mailing Address (include City, State, and Zip Code)  c. Phone Number  d. Email Address  Email copy of notices  CERTIFICATION  I certify that the Committee or Fund is in compliance with a Chapter 163 of the NC General Statutes and that no funds a I further certify that this report is complete, true and correct Claude Tham's Boyl TR	b. Purpose  c. Account Code d. Type  all applicable provisions of A  are commingled with prohibit	Remove  Remove



## North Carolina

#### State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

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

#### Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

## FILED BY: Jimm'e Boyd for Commissioner Committee Name: Treasurer Name: Treasurer Address: (include city, state, & zip) 336-926-7358 Treasurer Phone: Check One: I certify that this committee intends to neither receive nor expend more than \$1,000 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 \$1,000 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 at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously

CRO-3600

2-8-2018 Date Signed

reported from the beginning of the current election cycle. I further agree to file all future reports required.

Signature



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### **Certification of Treasurer**

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

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:		
Candidate Name:	Dimmie Boyd	
Treasurer Name:	Jimmle Bojd	
Treasurer Address:	4720 Meniwesthe rd	
(include city, state, & zip)	wans fon-Silve MC,	
_	27107	
-		
Treasurer Phone:	33Ce-92Ce-7358	

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).

3-8-2018

Date Signed

Signature of Candidate



State Board of Elections 441 N Harrington Street

Raleigh, NC 27603

Kim Westbrook Strach Executive Director

CRO-3900

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

July 2014

## **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).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed. Candidate Name: Treasurer Name: If Candidate is own treasurer, designate an agent to carry out designations: Committee ID #: [State] [County] If county, specify: forsylv Level Registered: I, 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). Plan for Disbursement (eg. Amount or %) Name of Entity (Select from §163-278.16B(a)) 100% 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: Date:

Candidate Designation of Committee Funds