Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee.

Amendment □ No ___ Yes Yes

| This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable). | | | | | | | | |
|---|---|---|---------------|----------------------|---------|--|--|--|
| 1. Committee Informat | ion | | | | | | | |
| a. Full Name Alle | c. 1D Number | | | | | | | |
| Otho Al | | | | | | | | |
| b. Mailing Address (include (| City, State and Zip Code) | | | d. Date Organized | | | | |
| 100 Feri | | | 7/7/10 | t | | | | |
| 01. | . 110 2-10 | | | e. Phone Number | | | | |
| Clemma | ns, NC 27012 | | | 336-314-1314 | | | | |
| 2. Candidate Informati | on zastala za kazala kazala za | | Candidate's | Primary Commi | ttee | | | |
| a. Full Name | | e. Candidate ID Numb | er | f. Party Affiliation | 2.3 | | | |
| 04ho Alle | n Daniel III | | | Non - Par | | | | |
| b. Mailing Address (include (| (Indicate Non-partisan if applicable g. Office Sought | | | ii n applicable) | | | | |
| | | | | | | | | |
| 100 Ferni | worth Ct | Clemmo | rs Vill | age Cou | ncil | | | |
| c. Phone Number d. E | mail Address | h. Next Election Year i. Jurisdiction | | | | | | |
| 236-778-9177 | adaniel Zegmai I. com | 2019 Village of Clemmons | | | | | | |
| ☐ Email copy of notice: | s 4.00 (10.00 911.84 (10.01) | | | | | | | |
| 3. Treasurer Information | | 4. Custodian of Books Information | | | | | | |
| a. Full Name | | a. Full Name | | | | | | |
| Otho Allen Daniel III | | Otho Allen Daniel itt | | | | | | |
| b. Mailing Address (include (| City, State, and Zin Code) | b. Mailing Address (include City, State, and Zip Code) | | | | | | |
| 100 Ferno | 100 Fermworth Ct | | | | | | | |
| 010,000 | Clemmons NC 27012 | | | | | | | |
| | ms NC 27012 | c. Phone Number | d. Email Addr | | | | | |
| 778.9073 00 | idaniel 3 egmail.com | 778.9073 | oadan | el 3egm | uil.com | | | |
| I prefer to receive noti | | Email copy of notices | | | | | | |
| 5. Assistant Treasurer l | Information Add Remove | 6. Account Information (incl. CRO-3500) a. Financial Institution Full Name Remove | | | | | | |
| a. Full Name | Remove | a. Financial institution | r uu Nadie | | Remove | | | |
| | | | | | 드 | | | |
| b. Mailing Address (include (| City, State, and Zip Code) | b. Purpose | | TU | 9 | | | |
| | | | | ECE | UL 29 | | | |
| c. Phone Number d. En | nail Address | c. Account Code | d. Type | - | | | | |
| C. I HOHO I CHILDE | | | | ~ | 3. 0 | | | |
| | | | | | is : | | | |
| Email copy of not | tices | | | | 2 | | | |
| 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. | | | | | | | | |
| Otho Allen Daniel III Otho alen Daniel III 7/27/19 | | | | | | | | |
| Printed Name of Signer Signature of Appointed Treasurer Date | | | | | | | | |



North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director Mailing Address
PO Box 27253
Ralcigh, NC 27611-7255
(919) 733-7173

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.

Candidate Name: Otho Allen Daniel III Treasurer Name: Otho Allen Daniel III Treasurer Address: 100 Fernworth Cd (include city, state, & zip) Clemmons NC 27012

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.

336-778-9073

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).

Malla Date Signed

Treasurer Phone:

Signature of Candidate



North Carolina State Board of Elections

44) 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 a are filed. | at the Board of Elections office where the committee's campaign reports | | | | | |
|---|---|--|--|--|--|--|
| FILED BY: | | | | | | |
| Committee Name: | Allen Daniel for Clemmons Council | | | | | |
| Treasurer Name: | Otho Allen Daniel III | | | | | |
| Treasurer Address: | 100 Fernworth Of | | | | | |
| include city, state. & zip) | | | | | | |
| | | | | | | |
| | | | | | | |
| Treasurer Phone: | 336.778.9043 | | | | | |
| Check One: | | | | | | |
| $\underline{\hspace{1cm} \hspace{1cm} \hspace{1cm} \hspace{1cm} \hspace{1cm} \hspace{1cm} \hspace{1cm} \hspace{1cm} \hspace{1cm}}$ I certify that this commelection cycle under the pro | nittee intends to neither receive nor expend more than \$1,000 during the current cedures set forth in G.S. 163-278.10A. This certification will remain in effect | | | | | |
| intil the end of the election | cycle for this committee. If this committee exceeds \$1,000 in contributions or ction cycle. I understand that I must immediately notify the appropriate board | | | | | |
| of elections and file required | f campaign finance reports. | | | | | |
| | N ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. | | | | | |
| | Certification to remain at or under the \$1,000 threshold. I will now be required report for all contributions and expenditures that have not been previously | | | | | |
| | of the current election cycle. I further agree to file all future reports required. | | | | | |
| 7 27 19 | O the Ollen Dani In | | | | | |
| Date Signed | Signature | | | | | |



North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

PO Box 27255 = Raleigh, NC 27611-7255 = (919) 783-7173 =

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 w | here the committee's campaign re | eports are filed. | | | | | |
| Candidate Name: | Otho Allen Da | niel III | | | | | | |
| Committee Name: | Allen Daniel | for Clemmas C | ouncil_ | | | | | |
| Treasurer Name: | Otho Allen Dar | jielIII | | | | | | |
| If Candidate is own tr | easurer, designate an agent to | carry out designations: LISC | a Whitler | | | | | |
| Committee ID #: | | | | | | | | |
| Level Registered: [State] [County] If county, specify: Forsyth | | | | | | | | |
| debts or reasonable of following manner as p | y Campaign Committee according up the permitted by N.C. Gen. Stat. 1 of Entity | unt(s) (after payment of permi Committee or closing office 63-278.16B(a). Plan for Disbursement (eg. A |) be paid in the | | | | | |
| (Select from | §163-278.16B(a)) | | | | | | | |
| 1. Lisa Whith | <u>ey</u> | 100% | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| By signing this form, Gen. Statute 163-278, records. | .16B(a). A copy of this form s | tities are eligible beneficiaries should be maintained with the | s under N.C. Committee | | | | | |
| Signature of Candidat | e: Otho allu | Daniel | | | | | | |
| Date: | 7/27/19 | | | | | | | |
| CRO-3900 | Candidate Designation | of Committee Funds | July 2014 | | | | | |