## Statement of Organization - Candidate Committee

Is this statement:							
1	New	7	Amended				

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by	y form CRO-3500.	An amended form is required	quired for each new election year.
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Timo tormi madret a	companied by form cite 3300; rin i					
1. Committee Infor a. Name of Committee	mation.			d. ID Number		
COMMITTEE TO	W 41 12 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
b. Mailing Address (inc		e. Date Organized				
116-C SOUTH CH	E, NC 27284		12-2-2019			
c. Committee Website (	Optional)			f. Phone Number		
				336-996-4700		
2. Candidate Inform	mation	<b>新起并全体型</b> 电电路管		ELPIG TOTAL FIELD HAVE		
a. Full Name			e. Party Affiliation			
DAVID RAY PLYLER			REPUBLICAN			
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	f. Office Sought			
211 HARMON LANE, KERNERSVILLE, NC 27284		FORSYTH COUN	FORSYTH COUNTY COMMISSIONER			
c . Phone Number	d. Email Address	g. Next Election Year	A. A.	Jurisdiction S		
336-993-4675	plylerdavid@aol.com	2020	l <sub>F</sub>	ORSYTH(COUNTY "B"		
☐ Email copy of re						
3. Treasurer Inform	nation	4. Assistant Treasu	irer Infor	mation Land		
a. Full Name		a. Fun Name	CHE THOSE HOLLING	7 2		
RAYMOND DRAM		b. Mailing Address (inc	Juda City S	tate and Zip Gode)		
	lude City, State, and Zip Code)	b. Manting Address (inc	inue City, S	2		
116-C SOUTH CHERRY STREET KERNERSVILLE, NC 27284				5		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Ac	idress		
336-996-4700	rthomas@thomasandbennett.com	m				
Send report no	tices by email Yes No					
5. Custodian of Boo a. Full Name	oks Information (Keeper of Record	the same of the sa	6. Account Information (incl. CRO-3500)			
a. Full Ivalue		The property of the second sec	FIRST NATIONAL BANK			
b. Mailing Address (inc	lude City, State, and Zip Code)		to what had			
3						
c. Phone Number	d. Email Address	b. Account Code	c. Type			
37411377 3876 1946 3577 185		A	CHECKI	NG ACCOUNT		
Email copy of r	eport notices		CITECIN			
General Statutes a this report is comp  RAYMOND D.  Printed	Name of Treasurer	Signature of Appointed Trea	disclosed MMds surer	funds. I further certify that    3-7-2011     Date		
I certify that the inf	ormation above is correct, and I, as the	ne candidate, appoint said	treasurer i	to personally fulfill the		
duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.						
DAVID RAY PLYLER 2-1-2030						
Printed Name of Candidate Signature of Candidate Date						



## **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. DAVID RAY PLYLER Candidate Name: COMMITTEE TO RE-ELECT DAVE PLYLER, COMMISSIONER Committee Name: RAYMOND D. THOMAS Treasurer Name: If Candidate is own treasurer, designate an agent to carry out designations:\_\_\_\_ Committee ID #: [State] [County] If county, specify: FORSYTH Level Registered: DAVID RAY PLYLER , 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)) 1/3 MAIN STREET UMC YMCA OF NORTHWEST NC 1/3 WINSTON-SALEM INDUSTRIES FOR BLIND 1/3 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: Date:

Candidate Designation of Committee Funds

CRO-3900