## **Statement of Organization - Candidate Committee**

Is this	statem	ent:	
New		Amended	

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

This form must be accompanied by form CRO-3500. An a		ew election year.		
1. Committee Information a. Name of Committee				
Woodcock for Rural Hall	d. ID Number			
b. Mailing Address (include City, State and Zip Code)	ICQJ75			
	O TIME	e. Date Organized		
7685 Broad St Rural Hall NC	2.1042	7-16-23		
c. Committee Website (Optional)		f. Phone Number		
		336-831-4370		
2. Candidate Information a. Full Name				
	e. Party Affiliation			
Michael Thomas Woodcock	unaffiliated			
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought	f. Office Sought		
7685 Broad St Rural Hull NC 27045	Rural Hall - Coun	Rural Hall - Councilman		
c . Phone Number d. Email Address	g. Next Election Year h. Ju	urisdiction		
336-831-4370 Mwoodcock90.mw@gmail.c	0M 2023 RU	iral Hall		
	- AUAS			
3. Treasurer Information	4. Assistant Treasurer Informa	etion		
a. Full Name	a. Full Name	(2)		
Michael Thomas Woodcock	Barbara Corm Wood	cock E		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)			
Rural Hall NC 27045	Walnut Cove NC	2053 Tuttle ra Walnut Cove NC 27052 =		
c. Phone Number d. Email Address	c. Phone Number d. Email Addr	10		
336-831-4370 mwoodcock90.mw@ynail.com	1 336-831-4522 Woodba	1950 gmatt com		
Send report notices by email Yes No	Email copy of report notices			
5. Custodian of Books Information (Keeper of Records) a. Full Name		6. Account Information (incl. CRO-3500)		
Jenna Tuttle Woodcock		a. Financial Institution Full Name		
	First Citizens			
b. Malling Address (include City, State, and Zip Code)  7685 Broad St		15 15 11 11		
Rural Hall NC 27045				
c. Phone Number d. Email Address	b. Account Code c. Type			
336-480-4619 Jenna woodcocko ( Egmail.co	1441 Check	-ina		
I certify that the Committee is in compliance with all appli General Statutes and that no funds are commingled with professional this report is complete, true and correct.  Michael Woodcock  Printed Name of Treasurer  I certify that the information above is correct, and I, as the cluties and responsibilities imposed upon the appointed treasures of the NC General Statutes.	rohibited or other non-disclosed fundations of Appointed Treasurer to particular to pa	ds. I further certify that  7-16-23  Date  ersonally fulfill the		
Michael Woodcock	Tilled Wooden	7-11-22		

Printed Name of Candidate

Signature of Candidate

Date



Certification	of	<b>Threshold</b>
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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:

Committee Name:	Woodcock for Rural Hall	
Treasurer Name:	Michael Woodcock	
Treasurer Address:	7685 Broad St	
(include city, state, & zip)	Rural Hall Ne 27045	
Treasurer Phone:	336-831-4370	

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

7 · / ( - 23 Date Signed Milland Mcallored
Signature



## **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. Michael Woodcock Candidate Name: Woodcock for Rural Hall Committee Name: Michael Woodcock Treasurer Name: If Candidate is own treasurer, designate an agent to carry out designations: Burbara Woodcock 1CQ575 Committee ID #: [State] [County] If county, specify: Town of Rural Level Registered: I, Michael Woodcock, 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 Plan for Disbursement (eg. Amount or %) (Select from §163-278.16B(a)) 1. Return to Donors 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. Michael Werker Signature of Candidate: Date: