

Statement of Organization - Candidate Committee

Amendment
 Yes No

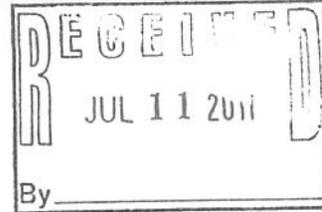
Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500.

1. Committee Information			
a. Full Name		c. ID Number	
Committee to REELECT DAVID BOLDON		C0DUBM6	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. BOX 868 MAIDEN, N.C. 28650		7-01-2011	
		e. Phone Number	
		828-312-7080	
2. Candidate Information		<input checked="" type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
DAVID MICHAEL BOLDON		C0DUBM6	REP
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
P.O. BOX 868 MAIDEN, N.C. 28650		MAIDEN TOWN COUNCIL	
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
DAVID MICHAEL BOLDON		DAVID MICHAEL BOLDON	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
P.O. BOX 868 MAIDEN, N.C. 28650		P.O. BOX 868 MAIDEN, N.C. 28650	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-312-7080		828-312-7080	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		FIRST NATIONAL BANK OF SHELBY	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		CAMPAIGN FUNDS	
c. Phone Number	By	d. Email Address	c. Account Code
			DMB1
			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.			
DAVID M BOLDON		7/11/2011	
Printed Name of Signer		Signature of Appointed Treasurer	
		Date	



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



Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

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

Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

FILED BY:

Committee Name: _____

Treasurer Name: _____

Treasurer Address: _____

(include city, state, & zip) _____

Treasurer Phone: _____

**This page filed with the
State Board of Elections**

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

Date Signed

Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. *(Only candidates may choose this option.)*

Date Signed

Signature of Candidate or Treasurer



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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.

FILED BY:

Committee Name: COMMITTEE TO RE-ELECT DAVID BOLDEN
 Treasurer Name: DAVID MICHAEL BOLDEN
 Treasurer Address: P.O. BOX 868
 (include city, state, & zip) MAIDEN, N.C. 28650

 Treasurer Phone: 878-312-7080

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.

7/11/2011
Date Signed

[Signature]
Signature

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



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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 MICHAEL BOLDON

Treasurer Name: DAVID MICHAEL BOLDON

Treasurer Address: P.O. BOX 868

(include city, state, & zip) MAIDEN, N C. 28650

Treasurer Phone: 828-312-7080

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).

7/11/2011
 /Date Signed

[Signature]
 Signature of Candidate

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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 BOLDON
 Committee Name: COMMITTEE TO REELECT DAVID BOLDON
 Treasurer Name: DAVID MICHAEL BOLDON
 If Candidate is own treasurer, designate an agent to carry out designations: _____
 Committee ID #: 60UBM60
 Level Registered: [State] County If county, specify: CATAWBA

I, DAVID BOLDON, 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).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>MT. OLIVE BAPTIST CH</u>	<u>100%</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:
 Date: 7/11/2011

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