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

Amendment X No Yes

	ompanied by forms CRO-31	00 and CRO-3500	(when amending,	only re-sub	omit if applicable).
1. Committee Infor	mation	POPES NEED		然然就然	计为数据 法格理 法判决的
a. Full Name					c. ID Number
David Elder for Long View Ward 4					KDUKY2
b. Mailing Address (include City, State and Zip Code)					d. Date Organized
2116 5th AVE NW Hickory, NC 28601					7/7/2017
					e. Phone Number
					828-327-4922
2. Candidate Inform	nation	阿尔萨洛斯 罗斯曼		Candi	date's Primary Committee
a. Full Name			e. Candidate ID Nu	mber	f. Party Affiliation
David Elder		KDUKY2		Non-Partisan (Indicate Non-partican if applicable)	
h Mailing Address (inc	lude City, State, and Zip Code	<u> </u>	g. Office Sought		(marcare rion particular it appreciate)
2116 5th AVE NW	inac City, State, and Zip Code,	,	B. Since Sought		
ACCOUNTS AND ACCOUNTS AND ACCOUNTS AND ACCOUNTS			Alderman Ward 4		
Hickory, NC 28601	d. Email Address		h. Next Election Yes		i. Jurisdiction
	d. Email Address		n. Next Election Yes	ar	i. Julisticuon
828-327-4922			2017		Long View
Email copy of	notices				
3. Treasurer Inform	nation		4. Custodian of	Books Inf	ormation
a. Full Name			a. Full Name		
David Elder			N/A		
b. Mailing Address (inc	lude City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
2116 5th AVE NW					
Hickory, NC 28601					
c. Phone Number	d. Email Address		c. Phone Number	d. Email A	ddress
828-327-4922					
I prefer to receive	notices by email	∐Yes ☐ No	☐ Email copy	of notic	es
5. Assistant Treasu		Add	6. Account Information (incl. CRO-3500) Add		
a. Full Name	TO THE OWNER OF THE OWNER OWNER OF THE OWNER	Remove	a. Financial Institu	Charles of the Control of the Contro	· · · · · · · · · · · · · · · · · · ·
	N/A	Employment and Committee		N	I/A
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
b. Maning Address (include City, State, and 21) Code)					
c. Phone Number	d. Email Address		c. Account Code	d. Type	
		ALCOHOLOGICA CONTRACTOR CONTRACTO	1		
Email copy o					
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.					
7 . 1 /	G L	8	Jacks -	RIS	1 7/2/2
Printed Name of Signer Printed Name of Signer Signature of Appointed Treasurer Pate					<u> </u>
Prin	ited Name of Signer	Sig	nature of Appointed	ı reasurer	/ Date



North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

FILED BY:

Mailing Address PO Box 27255 Raleigh, NC 2761-7255 (919) 733-7173

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

Candidate Name:	David Elder	
Treasurer Name:	David Elder	
Treasurer Address:	2116 5th AVE NW	
(include city, state, & zip)	Hickory, NC 28601	
Treasurer Phone:	828-327-4922	

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).

7/7/17
Date Signed

Signature

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

July 2014



North Carolina State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

FILED BY:

Mailing Address PO Box 27255 Raleigh, NC 2761-7255 (919) 733-7173

Certification of Threshold

This Certification is used to delcare or whithdraw 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.

Committee Name:	David Elder for Long View Ward 4			
Treasurer Name:	David Elder			
Treasurer Address:	2116 5th AVE NW			
(include city, state, & zip)	e, & zip) Hickory, NC 28601			
Treasurer Phone:	828-327-4922			
election cycle under the puntil the end of the elecit or expenditures during the of elections and file requestrates DISCLAIMER CA	nmittee intends to neither receive nor expend more than \$1,000 during the current procedures set forth in G.S. 163-278.10A. This certification will remain in effect con cycle for this committee. If this committee exceeds \$1,000 in contributions his election cycle, I understand that I just immediately notify the appropriate board ired campaign finance reports. AN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.			
the next scheduled report	t for all contributions and expenditures that have not been previously repoerted from ent election cycle. I further agreee to file all future reports required.			
7/7//7 / Date Signed	David Lalder Signature			

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

July 2014



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 2761-7255 (919) 733-7173

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).

Candidate Name:	David Elder				
Committee Name:	David Elder for Long View Ward 4				
Treasurer Name:	David Elder				
If Candidate is own treasurer, designate an agent to carry out designations: Cindy P Elder					
Committee ID#:	KDUKY2				
Level Registered:	[State] [County] If county, speci Catawba				
I, [Name of Candidate)	David Elder hereby direct that in the event of my				
death or incapacity all 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).					
	rom §163-278.16B(a)) Plan for Disbursement (eg. Amount or %)				
1. Bethany Lutheran Ch	urch 100%				
2.					
	· · · · · · · · · · · · · · · · · · ·				
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: Total Total					
Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.					