


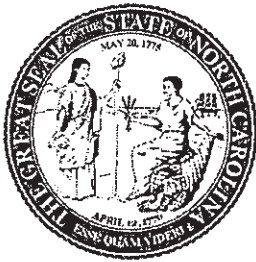
Statement of Organization - Candidate Committee

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 (when amending, only re-submit if applicable)

1. Committee Information			
a. Full Name WHIT DAVIS FOR JUDGE		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 3141 SHANNON DR WINSTON-SALEM, NC 27106-3648		d. Date Organized 1/14/2019	
		e. Phone Number (336) 695-0358	
2. Candidate Information		Primary Committee	
a. Full Name THOMAS WHITMELL DAVIS V		e. Candidate ID Number	f. Party Affiliation DEMOCRAT
b. Mailing Address (include City, State, and Zip Code) 3141 SHANNON DR WINSTON-SALEM, NC 27106-3648		g. Office Sought DISTRICT COURT JUDGE	
c. Phone Number (336) 695-0358	d. Email Address whitdavisforjudge@gmail.com	h. Next Election Year 2020	i. Jurisdiction COUNTY
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name THOMAS WHITMELL DAVIS V		a. Full Name THOMAS WHITMELL DAVIS V	
b. Mailing Address (include City, State, and Zip Code) 3141 SHANNON DR WINSTON-SALEM, NC 27106-3648		b. Mailing Address (include City, State, and Zip Code) 3141 SHANNON DR WINSTON-SALEM, NC 27106-3648	
c. Phone Number (336) 695-0358	d. Email Address twdv1983@gmail.com	c. Phone Number (336) 695-0358	d. Email Address twdv1983@gmail.com
I prefer to receive my notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<input type="checkbox"/> Email copy of notices			
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.			
THOMAS WHITMELL DAVIS V Printed Name of Signer		 Signature of Appointed Treasurer	01/22/2019 Date



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

REPORT FILED
ELECTRONICALLY
SEE STATE WEBSITE
FOR COMPLETE REPORT
WWW.NCSBE.GOV

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.

FILED BY:

Candidate Name: THOMAS WHITMELL DAVIS V
Treasurer Name: THOMAS WHITMELL DAVIS V
Treasurer Address: 3141 SHANNON DR
(include city, state, & zip) WINSTON-SALEM, NC 27106-3648
Treasurer Phone: (336) 695-0358

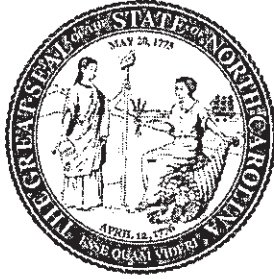
I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the 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).

01/22/2019

Date Signed


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).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: THOMAS WHITMELL DAVIS V

Committee Name: WHIT DAVIS FOR JUDGE

Treasurer Name: THOMAS WHITMELL DAVIS V

If Candidate is own treasurer, designate an agent to carry out designations: SUSAN SPEAKS FRYE

Committee ID #: _____

Level Registered: [State] [County] If county, specify: FORSYTH

I, THOMAS WHITMELL DAVIS V, 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 (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. FORSYTH COUNTY DEMOCRATIC PARTY	100%
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: [Handwritten Signature]

Date: 01/22/2019