

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

Is this statement:

Use this form to create a new or update an existing candidate committee. This form must be accompanied by form CRO-3500. An amended form is required for each new election year.		<input checked="" type="checkbox"/> New <input type="checkbox"/> Amended
<p><b>a. Name of Committee</b> <i>Committee to elect Davita Lofton</i></p> <p><b>b. Mailing Address (include City, State and Zip Code)</b> <i>452 Kelly Springs Rd., Mt. Olive, NC 28365</i></p> <p><b>c. Committee Website (Optional)</b> <i>N/A</i></p>		<p><b>d. ID Number</b> <i>7K1743</i></p> <p><b>e. Date Organized</b> <i>7-8-2025</i></p> <p><b>f. Phone Number</b> <i>919-440-4690</i></p>
<p><b>a. Full Name</b> <i>Davita C. Lofton</i></p> <p><b>b. Mailing Address (include City, State, and Zip Code)</b> <i>452 Kelly Springs Rd., Mt. Olive, NC 28365</i></p> <p><b>c. Phone Number</b> <i>919-440-4690</i></p> <p><b>d. Email Address</b> <i>dclofton1968@aol.com</i></p> <p><input checked="" type="checkbox"/> Email copy of report notices</p>		<p><b>e. Party Affiliation</b> <i>Democratic NP</i></p> <p><b>f. Office Sought</b> <i>Southeastern Wayne Senator District Board Member</i></p> <p><b>g. Next Election Year</b> <i>2025</i></p> <p><b>h. Jurisdiction</b> <i>SE Wayne County, NC</i></p>
<p><b>a. Full Name</b> <i>Brianna J. Butterfield</i></p> <p><b>b. Mailing Address (include City, State, and Zip Code)</b> <i>2520 Elliston Ct Fuquay - Varina, NC 27526</i></p> <p><b>c. Phone Number</b> <i>(919) 273-8604</i></p> <p><b>d. Email Address</b> <i>brianna.j.butterfield@gmail.com</i></p> <p><b>e. Financial Institution Full Name</b></p> <p><b>f. Account Code</b></p> <p><b>g. Type</b></p>		<p><b>a. Full Name</b> <i>Wayne County Board of Elections</i></p> <p><b>b. Mailing Address (include City, State and Zip Code)</b></p> <p><b>c. Phone Number</b></p> <p><b>d. Email Address</b> <i>Received By</i></p> <p><b>e. Email copy of report notices</b></p>
<p><b>a. Full Name</b></p> <p><b>b. Mailing Address (include City, State, and Zip Code)</b></p> <p><b>c. Phone Number</b></p> <p><b>d. Email Address</b></p> <p><b>e. Financial Institution Full Name</b></p> <p><b>f. Account Code</b></p> <p><b>g. Type</b></p>		<p><b>a. Financial Institution Full Name</b></p> <p><b>b. Account Code</b></p> <p><b>c. Type</b></p>
<p><input type="checkbox"/> Email copy of report notices</p>		
<p>I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.</p>		
<p><u>Brianna J. Butterfield</u> Printed Name of Treasurer</p>		<p><u>Brianna J. Butterfield</u> Signature of Appointed Treasurer</p>
		<u>7/11/25</u> Date
<p>I certify that the information above is correct, and I, as the candidate, appoint said treasurer 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.</p>		
<p><u>Davita C. Lofton</u> Printed Name of Candidate</p>		<p><u>Davita C. Lofton</u> Signature of Candidate</p>
		<u>7/8/25</u> Date

I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.

Brianna J. Butterfield

Printed Name of Treasurer

Barbara J. Gottschalk  
Signature of Appointed Treasurer

7/11/25  
Date

I certify that the information above is correct, and I, as the candidate, appoint said treasurer 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.

of the NC General Statutes.

Printed Name of Candidate

treasurer and subject to the

7/8/25



# NORTH CAROLINA

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## STATE BOARD OF ELECTIONS

### 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.

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

#### FILED BY:

Committee Name:

*Committee to elect Davith Lofton*

Treasurer Name:

*Brianna J. Butterfield*

Treasurer Address:

*2520 Elliston Ct*

(include city, state, & zip)

*Fuquay - Varina, NC 27526*

Treasurer Phone:

*(919) 273-8604*

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.

7/11/25

Date Signed



Signature