

Statement of Organization - Candidate Committee

Is this statement:
 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 amended form is required for each new election year.

a. Name of Committee		d. ID Number	
Scott Walker		OK1324	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
210 Wingspread Drive, Goldsboro, NC, 27530		07/17/2015	
c. Committee Website (Optional)		f. Phone Number	
		919-920-9264	
a. Full Name		e. Party Affiliation	
Scott Walker		Non Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
210 Wingspread Drive, Goldsboro, NC, 27530		Southern Wayne Sanitary District	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919-920-9264	scottwalker@wif.s.019	2025	Wayne
<input type="checkbox"/> Email copy of report notices			
a. Full Name		a. Full Name	
Scott Walker		Wayne County Board of Elections	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
210 Wingspread Drive, Goldsboro, NC, 27530		JUL 17 2025	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-920-9264	scottwalker@wif.s.019		Received By _____
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			

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.

Scott Walker

Printed Name of Treasurer

Scott Walker

Signature of Appointed Treasurer

07/17/2015

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.

Scott Walker

Printed Name of Candidate

Scott Walker

Signature of Candidate

07/17/2015

Date



NORTH CAROLINA

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: Scott Walker

Treasurer Name: Scott Walker

Treasurer Address: 210 Wingspread Drive, Goldsboro, NC 27530

(include city, state, & zip)

Treasurer Phone: _____

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.

07/17/2025

Date Signed

Signature