

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.

1. Committee Information

a. Name of Committee	d. ID Number
<i>Sally Rawls Bowles</i>	5K1TF9
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
<i>Po Box 11443, Goldsboro, NC 27532</i>	07/14/21
c. Committee Website (Optional)	f. Phone Number
	919-735-8649

2. Candidate Information

a. Full Name	e. Party Affiliation
<i>Sally Rawls Bowles</i>	Democrat
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
<i>Po Box 11443 Goldsboro NC 27532</i>	<i>Southern Wayne Sanitary District</i>
c. Phone Number	d. Email Address
919 735-8649	<i>sbowles@nc.rr.com</i>
<input checked="" type="checkbox"/> Email copy of report notices	
g. Next Election Year	
h. Jurisdiction	
2021	Wayne

3. Treasurer Information

a. Full Name	a. Full Name		
<i>Sally Rawls Bowles</i>			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)		
<i>Po Box 11443 Goldsboro NC 27532</i>			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919 735-8649	<i>sbowles@nc.rr.com</i>		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of report notices			

5. Custodian of Books Information (Keeper of Records)

a. Full Name	a. Financial Institution Full Name		
<i>Sally Rawls Bowles</i>	<i>RECEIVED WAYNE BOELECTIONS</i>		
b. Mailing Address (include City, State, and Zip Code)	JUL 15 2021		
<i>Po Box 11443 Goldsboro NC 27532</i>			
c. Phone Number	d. Email Address	b. Account Code	e. Type
919 735-8649	<i>sbowles@nc.rr.com</i>		
<input checked="" 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.

Sally Rawls Bowles

Printed Name of Treasurer

Sally Rawls Bowles

Signature of Appointed Treasurer

07/14/21

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.

Sally Rawls Bowles

Printed Name of Candidate

Sally Rawls Bowles

Signature of Candidate

07/14/21

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:

Sally Rawls Bowles

Treasurer Name:

Sally Rawls Bowles

Treasurer Address:

Po Box 11443

(include city, state, & zip)

Goldsboro NC 27532

Treasurer Phone:

919-735-8649



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.

07/14/21
Date Signed


Signature