


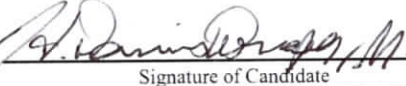
Statement of Organization - Candidate Committee

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	
Committee to Elect Dennis Draper		GKJHFE	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
310 N. Martin St., Mount Olive, NC 28365		12-7-2021	
c. Committee Website (Optional)		f. Phone Number	
		919-222-8353	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Howard Dennis Draper, Jr.		Unaffiliated	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
310 N. Martin Street		Town Commissioner	
Mount Olive, NC 28365		District 4	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919-222-8353	hddjr@ncumc.org	2022	Mount Olive
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information			
a. Full Name		4. Assistant Treasurer Information	
Howard Dennis Draper, Jr.		a. Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
310 N. Martin Street		N/A	
Mount Olive, NC 28365			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-222-8353	hddjr@ncumc.org		
Send report notices by email <input 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		6. Account Information (incl. CRO-3500)	
Howard Dennis Draper, Jr.		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		Wells Fargo Bank	
310 N. Martin Street			
Mount Olive, NC 28365			
c. Phone Number	d. Email Address	b. Account Code	c. Type
919-222-8353	hddjr@ncumc.org		
<input type="checkbox"/> Email copy of report notices			
<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>Howard Dennis Draper, Jr.  12-7-2021 Printed Name of Treasurer Signature of Appointed Treasurer Date</p> <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>Howard Dennis Draper, Jr.  12-7-2021 Printed Name of Candidate Signature of Candidate Date</p>			



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: Committee to Elect Dennis Draper

Treasurer Name: Howard Dennis Draper, Jr.

Treasurer Address: 310 N Martin Street

(include city, state, & zip) Mount Olive, NC 28365

Treasurer Phone: 919-222-8353

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.

12-7-2021
Date Signed

Howard Dennis Draper, Jr.
Signature



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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: Howard Dennis Draper, Jr.

Committee Name: Committee To Elect Dennis Draper

Treasurer Name: Howard Dennis Draper, Jr.

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: GK1H5E

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

I, Howard Dennis Draper, Jr. (Name of Candidate), 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).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>ELIZABETH GAINES</u>	<u>100%</u>
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: Howard Dennis Draper, Jr.

Date: 12-7-2021