

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	COMMITTEE TO ELECT CHRIS WEST DIST. I BOARD ^{SCHOOL}		
b. Mailing Address (include City, State and Zip Code)	262 AIRPORT Rd PIKEVILLE, N.C. 27863		
c. Committee Website (Optional)	N/A (Currently)		
d. ID Number	2K1521		
e. Date Organized	12/18/21		
f. Phone Number	919-921-1212		

2. Candidate Information

a. Full Name	DON CHRISTOPHER WEST REPUBLICAN		
b. Mailing Address (include City, State, and Zip Code)	262 AIRPORT Rd DISTRICT I SCHOOL BOARD		
c. Phone Number	919-921-1212 f. Office Sought		
d. Email Address	ZACNOA@NC.RR.COM		
<input type="checkbox"/> Email copy of report notices			
g. Next Election Year h. Jurisdiction			
2022 WAYNE			

3. Treasurer Information

a. Full Name	DON CHRISTOPHER WEST		
b. Mailing Address (include City, State, and Zip Code)	262 AIRPORT Road DEC 10 2021		
c. Phone Number	919-921-1212 d. Email Address		
919-921-1212 ZACNOA@NC.RR.COM			
<input checked="" type="checkbox"/> 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	DON CHRISTOPHER WEST SOUTHERN BANK		
b. Mailing Address (include City, State, and Zip Code)	262 AIRPORT Road		
c. Phone Number	919-921-1212 d. Email Address		
919-921-1212 ZACNOA@NC.RR.COM			
<input type="checkbox"/> Email copy of report notices			
b. Account Code c. Type 1012 CHECKING			

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.

DON CHRISTOPHER WEST

Printed Name of Treasurer

Don Christopher West

Signature of Appointed Treasurer

12/18/21

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.

DON CHRISTOPHER WEST

Printed Name of Candidate

Don Christopher West

Signature of Candidate

12/18/21

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:

Committee To Elect CHRIS WEST Dist 1 School Board

Treasurer Name:

Don CHRISTOPHER WEST

Treasurer Address:

262 Airport Rd

(include city, state, & zip)

Pineville, N.C. 27863

Treasurer Phone:

919-921-1312

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.

12/8/21

Date Signed

Don C. West

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: DON CHRISTOPHER WEST

Committee Name: COMMITTEE TO ELECT CHRIS WEST DIST 7 SCHOOL BOARD

Treasurer Name: DON CHRISTOPHER WEST

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

Committee ID #: 1012

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

I, DON C. WEST, 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).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
<u>JULIE T. WEST</u>	<u>50%</u>
<u>ZACH C. WEST</u>	<u>25%</u>
<u>North G. WEST</u>	<u>25%</u>

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: Don Christopher West

Date: 12/8/21