

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	<i>The Committee to Elect Andre</i>	d. ID Number	<i>4K17MR</i>
b. Mailing Address (include City, State and Zip Code)	<i>300 Morning Dr. Mt. Olive N.C.</i>		
c. Committee Website (Optional)			
f. Phone Number			

2. Candidate Information

a. Full Name	e. Party Affiliation		
<i>Andre Oliver Sr.</i>	<i>Democrat</i>		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
<i>300 Morning Dr. Mt. Olive N.C. 27346</i>	<i>District Commissioner</i>		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
<i>919 380-7999</i>	<i>gmail.com</i>	<i>2024</i>	<i>Wayne</i>
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information

a. Full Name	e. Party Affiliation		
<i>Lakeshia Kanon</i>			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)		
<i>300 Morning Dr. Mt. Olive N.C. 27346</i>			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
<i>984 305-8721</i>	<i>KeshiaOliver36@gmail.com</i>		<i>RECEIVED WAYNE BOE OF ELECTIONS</i>
<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 <i>17 2022</i>			
5. Custodian of Books Information (Keeper of Records)			
a. Full Name	a. Financial Institution Full Name		
<i>Andre</i>	<i>BY</i>		
b. Mailing Address (include City, State, and Zip Code)			
<i>1612 Ashland Dr. Apt. B Wilson, NC 27893</i>			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<i>441-8012</i>			
<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.

Lakeshia Kanon
Printed Name of Treasurer

Lake
Signature of Appointed Treasurer

3-11-22

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.

Andre Oliver Sr.
Printed Name of Candidate

Andre
Signature of Candidate

3-11-22
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 Andrew Oliver
Treasurer Name: Lakeshia Kirby
Treasurer Address: 300 Morning Dr.
(include city, state, & zip) Mount Olive N.C 28345

Treasurer Phone: _____

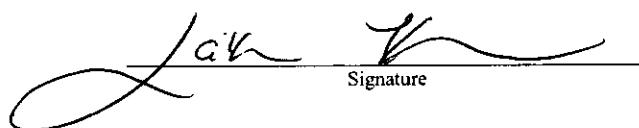
Check One:

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.

3-11-22
Date Signed


Signature

Nicholas Sullivan

From: Nicholas Sullivan
Sent: Thursday, April 21, 2022 12:59 PM
To: 'Mz Scorpio'
Subject: RE: [External] - Re: Audit Completed: The Committee to Elect Andrade Olliver

Good Afternoon,

Campaign Finance documents must be submitted as original documents – either in person or via mail.

Also, the document should be completed in full.

Nicholas G. Sullivan | Deputy Director

Wayne County Board of Elections
309 E. Chestnut Street
Goldsboro, NC 27530
919.731.1411 office | 919.731.1409 fax

**E-mail correspondence to/from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties.*

From: Mz Scorpio <keshiaolliver36@gmail.com>
Sent: Thursday, April 21, 2022 12:36 PM
To: Nicholas Sullivan <nicholas.sullivan@waynegov.com>
Subject: [External] - Re: Audit Completed: The Committee to Elect Andrade Olliver

CAUTION

This email originated outside the County of Wayne's network.

Do not open any attachments or click on links unless you trust the sender or expecting this email.

Sent from my iPhone

On Apr 19, 2022, at 3:42 PM, Nicholas Sullivan <nicholas.sullivan@waynegov.com> wrote:

Good afternoon,

The discrepancies outlined in the original March 18, 2022 email below have not been corrected. Please submit the amended documents to our office as soon as possible to bring your campaign committee into compliance.

Nicholas G. Sullivan | Deputy Director
Wayne County Board of Elections

309 E. Chestnut Street
Goldsboro, NC 27530

919.731.1411 office | 919.731.1409 fax

**E-mail correspondence to/from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties.*

From: Nicholas Sullivan

Sent: Tuesday, March 29, 2022 3:18 PM

To: 'oolliver1980@gmail.com' <oolliver1980@gmail.com>; 'keshiaolliver36@gmail.com' <keshiaolliver36@gmail.com>

Subject: FW: Audit Completed: The Committee to Elect Andrade Olliver

Importance: High

Good Afternoon,

We still have not received the amended documents noted below.

Nicholas G. Sullivan | Deputy Director

Wayne County Board of Elections

309 E. Chestnut Street

Goldsboro, NC 27530

919.731.1411 office | 919.731.1409 fax

**E-mail correspondence to/from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties.*

From: Nicholas Sullivan

Sent: Friday, March 18, 2022 2:58 PM

To: 'oolliver1980@gmail.com' <oolliver1980@gmail.com>

Subject: Audit Completed: The Committee to Elect Andrade Olliver

Good Afternoon,

The audit of the Statement of Organization for The Committee to Elect Andrade Olliver is complete and the following discrepancies are noted:

- Boxes 6a, 6b, and 6c on the CRO-2100A are blank, however a completed a CRO-3500 was submitted with the corresponding information. Please submit an amended CRO-2100A with these boxes completed.

Nicholas G. Sullivan | Deputy Director

Wayne County Board of Elections

309 E. Chestnut Street

Goldsboro, NC 27530

919.731.1411 office | 919.731.1409 fax

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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 Andrade Oliver	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
300 Morning Dr. Mt. Olive NC	2-2021
c. Committee Website (Optional)	f. Phone Number
	919 330-9909

2. Candidate Information

a. Full Name	e. Party Affiliation
Andrade Oliver	Democrat
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
300 Morning Dr. Mt. Olive NC 28345	Commissioner District 1
c. Phone Number	g. Next Election Year
919 330-7009	2024
d. Email Address	h. Jurisdiction
olivier.0041@ymail.com	Ward 10
<input type="checkbox"/> Email copy of report notices	

3. Treasurer Information

a. Full Name	b. Assistant Treasurer Information		
	a. Full Name		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)		
	APR 26 2022		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
			BY
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	

4. Custodian of Books Information (Appointed by Committee)

a. Full Name	b. Financial Institution Information		
	a. Financial Institution Full Name		
b. Mailing Address (include City, State, and Zip Code)	Navy Federal		
c. Phone Number	d. Email Address	b. Account Code	c. Type
			Savings
<input type="checkbox"/> Email copy of report notices			

I certify that the Committee is in compliance with all applicable 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.

Andrade Oliver
Printed Name of Treasurer

Andrade Oliver
Signature of Appointed Treasurer

4-24-22
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.

Andrade Oliver
Printed Name of Candidate

Andrade Oliver
Signature of Candidate

4-24-22
Date