

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
Daryll Overton		
b. Mailing Address (include City, State and Zip Code)		e. Date Organized
3178 S US 13 Hwy, Goldsboro, NC 27530		7-13-2023
c. Committee Website (Optional)		f. Phone Number

a. Full Name		e. Party Affiliation	
Daryll Overton		NO PART.	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
3178 S US 13 Hwy Goldsboro, NC 27530		SHELLY D	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
		2023	SWW SD
i. Email copy of report notices			

a. Full Name		a. Full Name	
Michelle Taylor			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
218 Bartlett Ave Goldsboro, NC 27530			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
	Michelle@wayne waterdistricts.com		
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		Email copy of report notices <input type="checkbox"/> Yes <input type="checkbox"/> No	
		RECEIVED WCDP	

a. Full Name		a. Financial Institution Full Name	
		JUL 18 2023	
b. Mailing Address (include City, State, and Zip Code)		BY _____	
c. Phone Number	d. Email Address	b. Account Code	c. Type
Email copy of report notices <input type="checkbox"/>			

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.

Michelle Taylor
Printed Name of Treasurer

Michelle Taylor
Signature of Appointed Treasurer

7/18/2023
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.

[Signature]
Printed Name of Candidate

[Signature]
Signature of Candidate

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:

Daryll Overton

Treasurer Name:

Michelle Taylor

Treasurer Address:

218 Bartlett Ave

(include city, state, & zip)

Goldsporo, NC 27530

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.

Date Signed

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: Daryll Overton

Committee Name: Daryll Overton

Treasurer Name: Michelle Taylor

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

Committee ID #: _____

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

I, Daryll Overton, 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).

Name of Entity
(Select from §163-278.16B(a))

Plan for Disbursement (eg. Amount or %)

1. _____
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: • [Signature]

Date: _____