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
Elect Blake Turner District 4 Commissioner	
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
208 East Station Street, mount olive, NC, 28365	7/14/2023
c. Committee Website (Optional)	**f. Phone Number**
	[redacted]

2. Candidate Information

a. Full Name	e. Party Affiliation
Blake London Turner	Unaffiliated
b. Mailing Address (include City, State, and Zip Code)	**f. Office Sought**
208 East Station Street, mount olive NC, 28365	District 4 Commissioner mount Olive
c. Phone Number / **d. Email Address**	**g. Next Election Year** / **h. Jurisdiction**
[redacted] / blt5737@yahoo.com	2023 / Mount Olive
☐ Email copy of report notices	

3. Treasurer Information

a. Full Name	b. Mailing Address (include City, State, and Zip Code)
Blake London Turner	208 East Station Street, mount Olive NC, 28365
c. Phone Number / **d. Email Address**	
[redacted] / blt5737@yahoo.com	
Send report notices by email ☒ Yes ☐ No	

4. Assistant Treasurer Information

a. Full Name	b. Mailing Address (include City, State and Zip Code)
c. Phone Number / **d. Email Address**	
☐ Email copy of report notices	

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5. Custodian of Books Information (Keeper of Records)

a. Full Name	b. Mailing Address (include City, State, and Zip Code)
c. Phone Number / **d. Email Address**	
☐ Email copy of report notices	

6. Account Information *(incl. CRO-3500)*

a. Financial Institution Full Name	
b. Account Code	**c. Type**

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.

Blake L Turner	[signature]	7/14/2023
Printed Name of Treasurer	Signature of Appointed Treasurer	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.

Blake L Turner	[signature]	7/14/2023
Printed Name of Candidate	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: Elect Blake Turner District 4 Commissioner

Treasurer Name: Blake Turner

Treasurer Address: 208 East Station Street

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

Treasurer Phone: [redacted]

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.

7/15/2023
Date Signed

B 2
Signature