

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>Dr. Dave Craig for Mayor</i>		d. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>509 Shelley Dr., Goldsboro, NC, 27534</i>		e. Date Organized <i>7-28-2023</i>	
c. Committee Website (Optional) <i>N/A</i>		f. Phone Number	
2. Candidate Information			
a. Full Name <i>David Leonard Craig</i>		e. Party Affiliation <i>Democrat</i>	
b. Mailing Address (include City, State, and Zip Code) <i>509 Shelley Dr. Goldsboro, NC, 27534</i>		f. Office Sought <i>Mayor - City of Goldsboro</i>	
c. Phone Number	d. Email Address <i>thehonorabledcraigphd@gmail.com</i>	g. Next Election Year <i>2023</i>	h. Jurisdiction <i>Wayne</i>
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name <i>David Leonard Craig</i>		a. Full Name <i>Willie Earl Jackson</i>	
b. Mailing Address (include City, State, and Zip Code) <i>509 Shelley Dr., Goldsboro, NC, 27534</i>		b. Mailing Address (include City, State and Zip Code) <i>507 Todd Dr., Goldsboro, NC, 27534</i>	
c. Phone Number	d. Email Address <i>thehonorabledcraigphd@gmail.com</i>	c. Phone Number	d. Email Address <i>wjackson@hvc.rr.com</i>
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Funds Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name <i>David Leonard Craig</i>		a. Financial Institution Full Name <i>United Bank - Goldsboro</i>	
b. Mailing Address (include City, State, and Zip Code) <i>509 Shelley Dr., Goldsboro, NC, 27534</i>		b. Mailing Address (include City, State, and Zip Code) <i>2801 Cashwell Drive Goldsboro, NC, 27534</i>	
c. Phone Number	d. Email Address <i>thehonorabledcraigphd@gmail.com</i>	b. Account Code <i>7779</i>	c. Type <i>Checking</i>
<input checked="" type="checkbox"/> Email copy of report notices		RECEIVED WCBOE JUL 28 2023	
<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><i>David L. Craig</i> Printed Name of Treasurer <i>David L. Craig</i> Signature of Appointed Treasurer <i>7-28-2023</i> 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><i>David L. Craig</i> Printed Name of Candidate <i>David L. Craig</i> Signature of Candidate <i>7-28-2023</i> Date</p>			



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: David Leonard Craig

Committee Name: Dr. Dave Craig for Mayor

Treasurer Name: David Leonard Craig

If Candidate is own treasurer, designate an agent to carry out designations: Willie Earl Jackson

Committee ID #: _____

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

I, David L. Craig, 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. <u>Goldsboro/Dillard Alumni</u>	<u>-100%</u>
2. <u>N/A</u>	<u>N/A</u>
3. <u>N/A</u>	<u>N/A</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: David L. Craig

Date: 7-28-2023