

# COPY

## Statement of Organization - Candidate Committee

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

<b>1. Committee Information</b>					
a. Full Name Committee To Elect Griffith Sheriff			c. ID Number		
b. Mailing Address (include City, State, and Zip Code) P. O. Box 712, Lewisville, NC 27023			d. Date Organized 5/9/2009		e. Phone Number
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name David Harold Griffith		e. Candidate ID Number		f. Party Affiliation Republican (Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code) 4991 Bostic Acres Farm Road, Germanton, NC 27019		g. Office Sought Sheriff			
c. Phone Number 336-595-8506	d. Email Address DHGriffith@Triad.rr.com	h. Next Election Year 2014		i. Jurisdiction Forsyth County	
<input type="checkbox"/> Email copy of notices					
<b>3. Treasurer Information</b>			<b>Custodian of Funds Information</b>		
a. Full Name Wanda Melton Carleton		a. Full Name Same as Treasurer			
b. Mailing Address (include City, State, and Zip Code) 5002 Salem Glen Blvd, Clemmons, NC 27012		b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number 336-414-7993	d. Email Address wandacarleton@mindspring.com	c. Phone Number		d. Email Address	
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Email copy of notices		
<b>4. Assumed Treasury Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>5. Account Information (for CRO-3500)</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name		a. Financial Institution Full Name Wells Fargo			
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Campaign			
c. Phone Number	d. Email Address	c. Account Code DG		d. Type Individual	
<input type="checkbox"/> Email copy of notices					
<b>CERTIFICATION</b>					
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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.					
Wanda M. Carleton Printed Name of Signer		Wanda M. Carleton Signature of Appointed Treasurer		10/14/2013 Date	



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North Carolina  
State Board of Elections  
441 N Harrington Street  
Raleigh, NC 27603

RECEIVED

Kim Westbrook Strach  
Executive Director

Mailing Address  
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Fax: (919) 715-8047

**Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

**FILED BY:**

Candidate Name: David H. Griffith

Treasurer Name: Wanda M. Carleton

Treasurer Address: 5002 Salem Glen Blvd.

(include city, state, & zip) Clemmons, NC 27012

Treasurer Phone: 336-414-7993

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

10-15-2013  
Date Signed

Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.