

RECEIVED

JUN 26 2018

**Statement of Organization - Candidate Committee**

Amendment  
 Yes  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.

1. Committee Information	
a. Full Name <u>Committee To Elect Emily Walton</u>	c. ID Number <u>UHC7F9</u>
b. Mailing Address (include City, State and Zip Code) <u>125 Thomas Holland Rd Stella, NC 28582</u>	d. Date Organized <u>6/20/18</u>
	e. Phone Number <u>910-381-1430</u>

2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee
a. Full Name <u>Emily A. Walton</u>	c. Candidate ID Number <u>UHC7F9</u>	f. Party Affiliation <u>Nonpartisan</u> <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) <u>125 Thomas Holland Rd Stella, NC 28582</u>	g. Office Sought <u>Soil &amp; Water Conservation Board</u>	
c. Phone Number <u>910-381-1430</u>	d. Email Address <u>ema.walton@gmail.com</u>	h. Next Election Year <u>2018</u>
<input type="checkbox"/> Email copy of notices		i. Jurisdiction

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name <u>Same as above</u>		a. Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address

I prefer to receive notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<input type="checkbox"/> Email copy of notices			

**CERTIFICATION**

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.

Emily Walton                      EA Walton                      6/20/18  
 Printed Name of Signer                      Signature of Appointed Treasurer                      Date





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

Kim Westbrook Strach  
 Executive Director

Mailing Address  
 PO Box 27255  
 Raleigh, NC 27611-7255  
 (919) 733-7173

**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 Emily Walton

Treasurer Name: Emily Walton

Treasurer Address: 125 Thomas Holland Rd

(include city, state, & zip) Stella, NC 28582

Treasurer Phone: 910-381-1430

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.

6/20/18  
 Date Signed

EA Walton  
 Signature



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**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: Emily Walton

Committee Name: Committee To Elect Emily Walton

Treasurer Name: Emily Walton

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

Committee ID #: UHC7F9

Level Registered: [State] (County) If county, specify: Onslow

I, Emily Walton, 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).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Return To Contributors</u>	<u>100%</u>
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: EW Walton

Date: 6/20/18