

RECEIVED
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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 resubmit if applicable).

1. Committee Information			
a. Full Name		c. ID Number	
COMMITTEE TO ELECT JONATHAN DELLE		YHC813	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
204 RIVERBEND RD JACKSONVILLE, NC 28540		12/2/19	
		e. Phone Number	
		(910)340-9834	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		c. Candidate ID Number	f. Party Affiliation
JONATHAN B. DELLE			REPUBLICAN
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
204 RIVERBEND RD JACKSONVILLE, NC 28540		ONSLOW COUNTY COMMISSIONER	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
(910)340-9834	JONATHAN.DELLE@OUTLOOK.COM		
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
SAME AS ABOVE			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		NAVY FEDERAL CREDIT UNION	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		CAMPAIGN FUNDS	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		ABC123	CHECKING
<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.			
<u>JONATHAN DELLE</u> Printed Name of Signer		 Signature of Appointed Treasurer	
		<u>Jan 21, 2020</u> 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 JONATHAN DELLE

Treasurer Name: JONATHAN DELLE

Treasurer Address: 204 RIVERBEND RD

(include city, state, & zip) JACKSONVILLE, NC 28540

Treasurer Phone: (910) 340-9834

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.

Jan 21, 2020
 Date Signed

[Signature]
 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: JONATHAN DELLE

Committee Name: COMMITTEE TO ELECT JONATHAN DELLE

Treasurer Name: JONATHAN DELLE

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

Committee ID #: _____

Level Registered: [State] NC [County] If county, specify: ONSLOW

I, JONATHAN DELLE, 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 <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>RELAY FOR LIFE</u>	<u>50%</u>
2. <u>ST. JUDE'S HOSPITAL</u>	<u>50%</u>
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: January 21, 2020