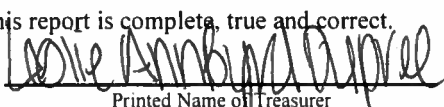

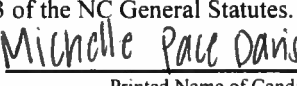



Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> 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	
Michelle Davis, County Commissioner		2G H X A D	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
12453 Buffalo Rd, Clayton, NC 27527		12-5-19	
c. Committee Website (Optional)		f. Phone Number	
		919-398-2618	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Michelle Pace Davis		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
12453 Buffalo Rd Clayton, NC 27527		County Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919-398-2698	michelle.davis.district@gmail.com	2020	District 1
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Leslie Ann Byrd Dupree			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
2376 Stephenson Road Angier, NC 27501			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-524-1254	Lbyrdn@aol.com		
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 Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
Cara Ruth Pace		KS Bank	
b. Mailing Address (include City, State, and Zip Code)			
12701 Buffalo Road Clayton, NC 27527			
c. Phone Number	d. Email Address	b. Account Code	c. Type
919-	crpace@ncsu.edu		checking
<input checked="" type="checkbox"/> Email copy of report notices			
<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>			
 Printed Name of Treasurer		 Signature of Appointed Treasurer	
		12-13-19 Date	
<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>			
 Printed Name of Candidate		 Signature of Candidate	
		12-13-19 Date	