

CERTIFICATION OF AFFIDAVIT OF NICKNAME
(if applicable)

STATE OF NORTH CAROLINA, _____ COUNTY

I hereby certify that, _____ the candidate who signed the AFFIDAVIT ATTESTING TO NICKNAME, personally appeared before me this day and signed this document in my presence.

Sworn to and subscribed before me this _____ day of _____.

X

Notary Signature

NOTARY SEAL

Printed Name

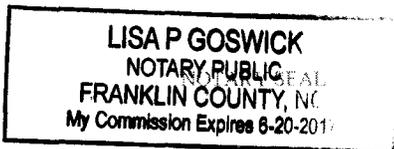
My Commission Expires

ACKNOWLEDGMENT OF NOTICE OF CANDIDACY

STATE OF NORTH CAROLINA, FRANKLIN COUNTY

I hereby certify that, SIDNEY EMANUEL DUNSTON, the candidate who signed this NOTICE OF CANDIDACY, personally appeared before me this day and signed this document in my presence or acknowledged his/her signature to be the same.

Date: 12/01/2015



X

Lisa P. Goswick
Signature of Certifying Officer (or Notary)

Lisa P. Goswick
Printed Name of Certifying Officer (or Notary)

Notary Public
Title of Certifying Officer

6-20-2017
My Commission Expires

VERIFICATION BY COUNTY BOARD OF ELECTIONS

The undersigned has examined the voter registration records in FRANKLIN COUNTY and found that SIDNEY EMANUEL DUNSTON

- Is a registered voter in this county.
- (Municipal Contests Only) Is a registered voter in the municipality of _____.
- (Partisan Contests Only) Is affiliated with _____ party and has not changed his/her political party affiliation within the past seventy-five (75) days.

Director
Title of County Official

X Lisa P. Goswick
Signature of County Official

12/1/15
Date

Bd of Elections

The Notice of Candidacy must be signed in the presence of the chairman, secretary or director of the Board of Elections with which he/she files or a candidate may have his/her signature on the Notice of Candidacy acknowledged and certified to be any officer authorized to administer an oath.

Statement of Organization - Candidate Committee

Amendment
 Yes No

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

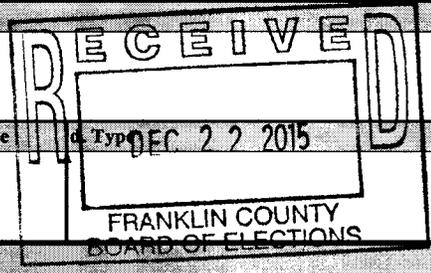
This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

Committee Information	
a. Full Name	c. ID Number
Committee to Elect Sidney E. Dunston	724264
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
1495 EAST RIVER RD. LOUISBURG, N.C. 27549	12/11/2015
	e. Phone Number
	919-496-7855

Candidate Information		
a. Full Name	e. Candidate ID Number	f. Party Affiliation
SIDNEY E. DUNSTON		DEMOCRAT <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
1495 EAST RIVER RD, LOUISBURG, N.C. 27549	Franklin County Commissioner Dist. 1	
c. Phone Number	d. Email Address	h. Next Election Year
919-496-7855	sid2543@earthlink.net	2016
<input type="checkbox"/> Email copy of notices		i. Jurisdiction
		Franklin County

Resurser Information		Custodian of Books Information	
a. Full Name	a. Full Name	a. Full Name	a. Full Name
SIDNEY E. DUNSTON	SIDNEY E. DUNSTON	SIDNEY E. DUNSTON	SIDNEY E. DUNSTON
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
1495 EAST RIVER RD. LOUISBURG, N.C. 27549	1495 EAST RIVER RD. LOUISBURG, N.C. 27549	1495 EAST RIVER RD. LOUISBURG, N.C. 27549	1495 EAST RIVER RD. LOUISBURG, N.C. 27549
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-496-7855	SID2543@EARTHlink.NET	919-496-7855	SID2543@EARTHlink.NET
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	

Sponsor/Contributor Information		Account Information	
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
			DEC 22 2015
<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.

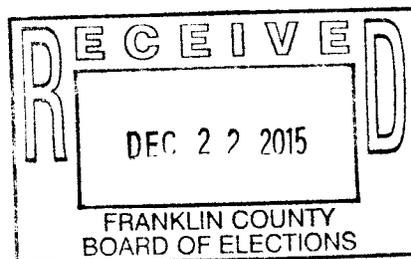
 Sidney E. Dunston
 Printed Name of Signer

 Signature of Appointed Treasurer

 12/11/2015
 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 Treasurer

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

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Candidate Name: SIDNEY E. DUNSTON
 Treasurer Name: SIDNEY E. DUNSTON
 Treasurer Address: 1495 EAST RIVER RD.
 (include city, state, & zip) LOUISBURG, N.C. 27549

 Treasurer Phone: 919-496-7855

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.

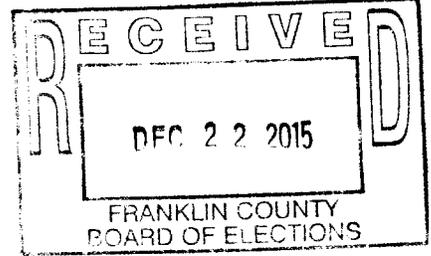
I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three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

12/11/2015
 Date Signed

[Signature]
 Signature of Candidate



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



Kim Westbrook Strach
 Executive Director

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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 SIDNEY E. DUNSTON
 Treasurer Name: SIDNEY E. DUNSTON
 Treasurer Address: 1495 EAST RIVER RD.
 (include city, state, & zip) LOUISBURG, N.C. 27549

 Treasurer Phone: 919-496-7855

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.

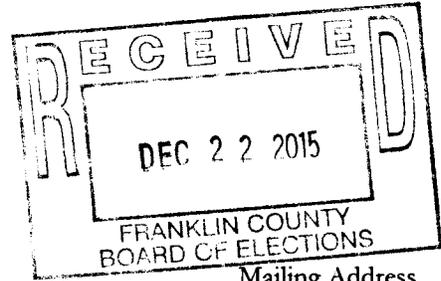
I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

12/11/2015
 Date Signed

[Signature]
 Signature



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Kim Westbrook Strach
Executive Director

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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: SIDNEY E. DUNSTON
 Committee Name: COMMITTEE TO ELECT SIDNEY E. DUNSTON
 Treasurer Name: SIDNEY E. DUNSTON
 If Candidate is own treasurer, designate an agent to carry out designations: BOB STRACH
 Committee ID #: 724264
 Level Registered: [State] [County] If county, specify: Carr

I, SIDNEY E. DUNSTON, 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).

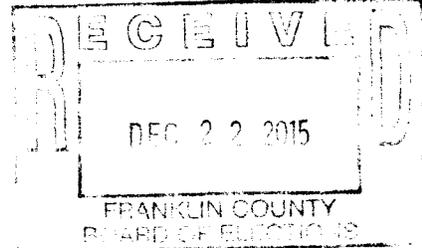
<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Franklin County Democratic Party</u>	<u>100%</u>
2. _____	_____
3. _____	_____

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:
 Date: 12/11/2015



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State Board of Elections
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Kim Westbrook Strach
Executive Director

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

Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form.

FILED BY:

Committee Name: COMMITTEE TO ELECT SIDNEY E. DUNSTON
 Treasurer Name: SIDNEY E. DUNSTON
 Treasurer Address: 1495 EAST RIVER RD.
 (include city, state, & zip) LOUISBURG, N.C. 27549
 Treasurer Phone: 919-496-7851

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. **Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on reports.** If an account number is used as the "account code," confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
CHECKING	FIRST CITIZENS	LOUISBURG, N.C.		4264

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

12/11/2015
Date Signed

[Signature]
Signature of Candidate or Treasurer

For Candidate Committees Only

- In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

By signing this statement, I authorize agents of the State Board of Elections to inspect applicable accounts.

Date Signed

Signature of Candidate or Treasurer