

Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input checked="" 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).

1. Committee Information			
a. Full Name		c. ID Number	
Del Arrendale Campaign Committee		46-3229517	
b. Mailing Address (Include City, State and Zip Code)		d. Date Organized	
20484 Chartwell Center Dr, Suite G Cornelius, NC 28031		7-22-2013	
		e. Phone Number	
		704 895 8025	
2. Candidate Information			
a. Full Name		<input checked="" type="checkbox"/> Candidate's Primary Committee	
Delbert Lyn Arrendale		IGX44Q	
b. Mailing Address (Include City, State, and Zip Code)		f. Party Affiliation	
20484 Suite G, Chartwell Ctr Dr Cornelius NC 28031		NON PARTISAN <small>(Indicate Non-partisan if applicable)</small>	
g. Office Sought		h. Next Election Year	
Cornelius Town Commissioner		2013	
i. Jurisdiction		j. Custodian of Books Information	
Cornelius		Delbert Lyn Arrendale	
c. Phone Number	d. Email Address		
704 281 5195	Del.Arrendale@yahoo.com		
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information			
a. Full Name		a. Full Name	
Delbert Lyn Arrendale		Delbert Lyn Arrendale	
b. Mailing Address (Include City, State, and Zip Code)		b. Mailing Address (Include City, State, and Zip Code)	
20484 Suite G Chartwell Ctr. Dr. Cornelius NC 28031		20484 Suite G Chartwell Ctr. Dr. Cornelius NC 28031	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704 895 8025	Del.Arrendale@yahoo.com	704 895 8025	Del.Arrendale@yahoo.com
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information			
a. Full Name		b. Purpose	
Aquesta Bank Bank		Checking Account For Committee	
b. Mailing Address (include City, State, and Zip Code)		c. Account Code	
19510 Jetton Road Bank Cornelius NC 28031 Full		1	
c. Phone Number	d. Email Address	d. Type	
704 437 4343	SBRACE@AQDESTA.BANK.COM	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.			
Delber Lyn Arrendale		7/23/13	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	

MECKLENBURG COUNTY

JUL 24 2013

BOARD OF ELECTIONS



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

MECKLENBURG COUNTY

JUL 24 2013

BOARD OF ELECTIONS

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

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).

Candidate Name: Delbert Lyn Arrandale

Committee Name: Del Arrandale Campaign Committee

Treasurer Name: Delbert Lyn Arrandale

If Candidate is own treasurer, designate an agent to carry out designations: Scythia K. Arrandale

Committee ID #: IGX44 Q

Level Registered: [State] [County] If county, specify: Mecklenburg

I, Delbert Lyn Arrandale, 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 (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>NC Republican 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: Delbert Arrandale

Date: 7-23-13

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

MEMPHIS COUNTY

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Raleigh, NC 27603

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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: Delbert Lyn Arrandale
Treasurer Name: Delbert Lyn Arrandale
Treasurer Address: 20484 Suite G
(include city, state, & zip) Chartwell Center Drive
Cornelius, NC
20484 28031
Treasurer Phone: 704 895 8025

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).

7-23-13
Date Signed

Signature of Candidate

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