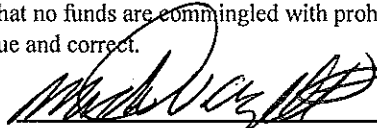


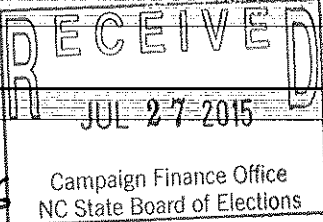
Statement of Organization - Candidate Committee

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 Michael V ANgell		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 130 Shorecrest DR DAVEPSON, NC 28036		d. Date Organized 1750/2015	
		e. Phone Number 7047289924	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name Michael VERNON ANgell		e. Candidate ID Number	f. Party Affiliation NON <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) 130 Shorecrest DR DAVEPSON, NC 28036		g. Office Sought TOWN COMMISSIONER, DAVEPSON, NC	
c. Phone Number 7047289924	d. Email Address Michael.Angell67@gmail.com	h. Next Election Year 2015	i. Jurisdiction
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Michael Vernon Angell		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 130 Shorecrest DR DAVEPSON NC 28036		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 7047289924	d. Email Address Michael.Angell67@gmail.com	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 <small>(incl. CRO-3500)</small>	
a. Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code) MECKLENBURG COUNTY		a. Financial Institution Full Name Aquesta	
c. Phone Number		b. Purpose CAMPAIGN	c. Account Code
d. Email Address BOARD OF ELECTIONS		d. Type 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.			
Michael V ANgell Printed Name of Signer		 Signature of Appointed Treasurer	1750/2015 Date



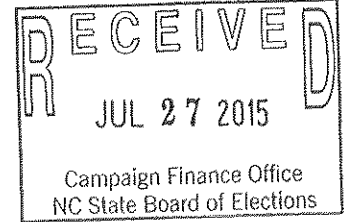
MECKLENBURG COUNTY

JUL 17 2015

BOARD OF ELECTIONS



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: Michael V. ANGELL

Treasurer Name: Michael V. ANGELL

Treasurer Address: 130 Shorecrest DR

(include city, state, & zip) DAVIDSON, NC 28036

Treasurer Phone: 704 728 9924

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.

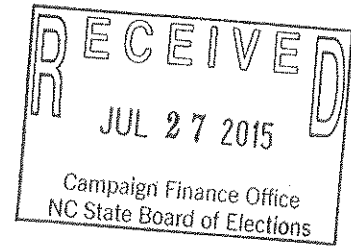
I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three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

17 Jul 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

Mailing Address
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 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: Elect Michael V Angell
 Treasurer Name: Michael Angell
 Treasurer Address: 130 Shorecrest Dr
 (include city, state, & zip) RAVENSON, NC 27036

 Treasurer Phone: 704 7289924

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.

2452115
 Date Signed

[Signature]
 Signature