

COPY

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 <i>COMMITTEE TO RE-ELECT DAVE PLYLER</i> <i>DAVID RAY PLYLER</i>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>211 HARMON LANE</i> <i>KERNERSVILLE, NC 27284</i>	d. Date Organized
	e. Phone Number <i>336 993 4675</i>

2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name <i>DAVID RAY PLYLER</i>	e. Candidate ID Number	f. Party Affiliation <i>REPUBLICAN</i> <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code) <i>211 HARMON LANE</i> <i>KERNERSVILLE NC 27284</i>	g. Office Sought <i>FORSYTH Co. COMMISSIONER</i>		
c. Phone Number <i>336 993 4675</i>	d. Email Address <i>PLYLERDAVID@AOL.COM</i>	h. Next Election Year <i>2012</i>	i. Jurisdiction <i>"F"</i>
<input type="checkbox"/> Email copy of notices			

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name <i>RICHARD SIEG</i>	a. Full Name		
b. Mailing Address (include City, State, and Zip Code) <i>1001 W 4TH S</i> <i>WINSTON SALEM NC 27101</i>	b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number <i>607 73 846</i> <i>608 2743 C</i>	d. Email Address <i>FOURSIERS@MAE.COM</i>	c. Phone Number	d. Email Address
I prefer to receive notices by email <input 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	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name <i>NEWBRIDGE BANK</i>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		b. Purpose <i>CHECKING / CAMPAIGN FINANCE</i>	
c. Phone Number	d. Email Address	c. Account Code <i>A</i>	d. Type <i>CHECKING</i>
<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.

DAVE PLYLER
Printed Name of Signer

David Plyler
Signature of Appointed Treasurer

2/2/2012
Date



COPY

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

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

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

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:	<u>DAVE PLYLER</u>	RECEIVED 2012 FEB - 2 PM 3:4
Treasurer Name:	<u>RICHARD SEIG</u>	
Treasurer Address:	<u>1001 W 4TH ST</u>	
(include city, state, & zip)	<u>WINSTON SALEM</u>	
	<u>NC</u>	
	<u>27101</u>	
Treasurer Phone:	<u>607 7386 @ ; 608 2743 @</u>	

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).

2/2/2012
Date Signed

[Signature]
Signature of Candidate

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



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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 nine allowable methods outlined in 163-278.16B(a).

Candidate Name: DAVE RYLER

Committee Name: COMMITTEE TO RE-ELECT DAVE RYLER

Treasurer Name: Richard Sieg

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

Committee ID #: _____

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

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I, _____, 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>MAIN ST. UMC</u>	<u>1/3</u>
2. <u>YMCA OF NW NC</u>	<u>1/3</u>
3. <u>W.S. INDUSTRIES FOR THE BLIND</u>	<u>1/3</u>

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: 2/2/2012

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