

Statement of Organization - Candidate Committee

Amendment
☒ Yes ☐ No

1. Committee Information			
a. Full Name		c. ID Number	
Judson Spence Davis			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
747 Sycamore Rd. W-S, 2nd 2104		10/25/04	
		e. Phone Number	
		725-8429	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Judson Davis			NR
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
747 Sycamore Rd. W-S, 2nd 2104		PSWD	ROKSTX
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Judson Davis		NONE	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
None on book		None on book	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
725-8429	JDAVIS@18070L		
5. Assistant Treasurer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		6. Account Information (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
NONE		NONE	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
NONE		PSWD	
c. Phone Number	d. Email Address	c. Code	d. Type
CERTIFICATION			
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.			
Judson S. Davis		10/25/04	
Printed Name of Signer		Signature of Appointed Treasurer	

CRO-2100A

NC State Board of Elections

May 2003

RECEIVED
 2004 OCT 25 AM 10:07
 BOARD OF ELECTIONS
 FORSYTH COUNTY



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

Kimberly Westbrook
Deputy Director - Campaign Reporting

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

Certification of Threshold

FILED BY:

Committee Name:

J40522 Davis

Treasurer Name:

LL

Treasurer Address:

(include city, state, & zip)

243 Sycamore Rd
WS, NC 27603

Treasurer Phone:

336-725-8028

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$3,000 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 \$3,000 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.

☐ I am withdrawing my Certification to remain under the \$3000 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.

no further action as per
10/25/04
Date Signed
Signature



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Confidential

Certification of Financial Account Information

FILED BY:

Committee Name:

Jason Davis

Treasurer Name:

Jason Davis

Treasurer Address:

*741 Sylvan Rd.
W-S NC 27104*

(include city, state, & zip)

Treasurer Phone:

336-725-8428

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 would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "code" in order to provide account information on required disclosure reports. If an account number is used as the "code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Account Number	Code
<i>None</i>				

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

10/24/04
Date Signed

[Signature]
Signature of Treasurer



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Deputy Director – Campaign Reporting

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Fax: (919) 715-8047

Certification of Treasurer

FILED BY:

Candidate Name:

DODSON DAVIS

Treasurer Name:

747 Sycamore Rd.

Treasurer Address:

DODSON DAVIS

(include city, state, & zip)

747 Sycamore Rd.
WCS, NC 27604

Treasurer Phone:

336-788-8428

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.

NO further collected or spent.

10/25/04

Date Signed

[Signature]

Signature of Candidate