

# Statement of Organization - Candidate Committee

Is this statement:  
 New  Amended

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

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

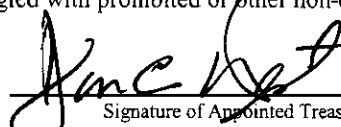
1. Committee Information	
a. Name of Committee	d. ID Number
COMMITTEE TO RE-ELECT CARES WEST DIST 1 BOE	LK1217
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
262 AIRPORT RD NE. PIKEVILLE NC 27863	12/1/25
c. Committee Website (Optional)	f. Phone Number
	919-921-1212

2. Candidate Information			
a. Full Name	e. Party Affiliation		
DON CHRISTOPHER WEST	REPUBLICAN		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
262 AIRPORT RD NE. PIKEVILLE NC 27863	BOARD OF EDUCATION DIST 1		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919-921-1212	ZACNOA@NC.RR.COM	2026	WAYNE
<input checked="" type="checkbox"/> Email copy of report notices			

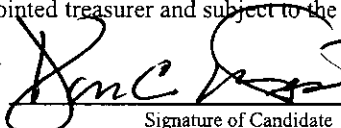
3. Treasurer Information		4. System Agent Information	
a. Full Name	a. Full Name	Wayne County Board of Elections	
DON CHRISTOPHER WEST		DEC 11 2025	
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)	Received By	
262 AIRPORT RD NE PIKEVILLE NC 27863			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-921-1212	ZACNOA@NC.RR.COM		
<input type="checkbox"/> Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	

5. Candidate Bank's Information (Source of Records)		6. Candidate Institution	
a. Full Name	a. Financial Institution Full Name	SOUTHERN BANK	
DON CHRISTOPHER WEST		2301 WAYNE MEM DR GOLDSBORO NC 27530	
b. Mailing Address (include City, State, and Zip Code)	b. Account Code	c. Type	
262 AIRPORT RD N.E. PIKEVILLE NC 27863	016	CHECKING	
c. Phone Number	d. Email Address		
919-921-1212	ZACNOA@NC.RR.COM		
<input checked="" type="checkbox"/> Email copy of report notices			

I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.

DON CHRISTOPHER WEST  12/11/25  
 Printed Name of Treasurer Signature of Appointed Treasurer Date

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

DON CHRISTOPHER WEST  12/11/25  
 Printed Name of Candidate Signature of Candidate Date



# NORTH CAROLINA STATE BOARD OF ELECTIONS

## 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 Re-Elect CHRIS WEST DIST 1 BOE  
 Treasurer Name: DON C. WEST  
 Treasurer Address: 262 Airport Rd N.E.  
 (include city, state, & zip) Pixburg NC 27863

Wayne County  
Board of Elections

Treasurer Phone: 919-921-1212 DEC 11 2025

Received  
By \_\_\_\_\_

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.

12/4/25  
Date Signed

Don C. West  
Signature



# NORTH CAROLINA STATE BOARD OF ELECTIONS

## 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: DON C. WEST

Committee Name: COMMITTEE TO RE-ELECT CARZS WEST DIST 1 BOB

Treasurer Name: DON C. WEST

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

Committee ID #: LK1217

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

I, DON C. WEST, hereby direct that in the event of my death or incapacity all 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>JULZE T. WEST</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: [Signature]

Date: 12/11/25