



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: MANLY MORRIS WEST

Treasurer Name: MANLY MORRIS WEST

Treasurer Address: 2658 CARATOKE HWY

(include city, state, & zip) MOYOCK NC 27958

Treasurer Phone: 252-232-2706

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.

6/10/2024
Date Signed

Manly Morris 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: Manly Morris West

Committee Name: Manly Morris West

Treasurer Name: Manly Morris West

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

Committee ID #: _____

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

I, Manly Morris 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>Manly Morris 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: Manly Morris West

Date: 6/10/2024



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Personal Representative Designation of Committee Funds

This form is used by candidate committees only and allows the personal representative of the estate of a deceased candidate who did not file a written designation prior to death to file such written designation within ninety days of death. The representative is limited in the designation as outlined in 163-278.16B (a) (3).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: MANLY MORRIS WEST
Committee Name: MANLY MORRIS WEST
Personal Representative of the Estate: Self
Committee ID #: _____
Level Registered: [State] [County] if county, specify: CURRITUCK

I, MANLY MORRIS WEST, hereby request that all funds remaining in the above
(Name of Representative)
referenced 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) (3).

<u>Name of Entity</u> <small>(Select from §163-278.16B (a) (3))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>MANLY MORRIS WEST</u>	<u>100%</u>
2. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B (a) (3). I understand that the candidate or the candidate's spouse, children, parents, brothers or sisters are not employed by the organization. A copy of this form should be maintained with the committee records.

Signature of Representative: Manly M West Date: 6/10/2024

Incurred Costs for Electioneering Communications

An organization should use this form to report the entity with which costs were incurred for the electioneering communication as well as candidates identified or those to be identified. This form should be accompanied by forms CRO-2310, CRO-2320, and CRO-2330

1. Disbursement Information					
a. Item Num	b. Incurred Date (mm/dd/yyyy)	c. Communication Date (mm/dd/yyyy)	d. Purpose (including title(s) of communication(s))		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number of the entity/business which was paid to produce the communication. <i>MARLY MORRIS WELSH</i> <i>2658 Caratoke Hwy Moyock, N.C. 27958</i>					f. Amount \$
Candidate Full Name	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____		<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____		Amount \$
Candidate Full Name	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____		<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____		Amount \$
Candidate Full Name	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____		<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____		Amount \$
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number of the entity/business which was paid to produce the communication.					f. Amount \$
Candidate Full Name	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____		<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____		Amount \$
Candidate Full Name	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____		<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____		Amount \$
Candidate Full Name	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____		<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____		Amount \$
2. Total Disbursements THIS Page (sum all the 'f' entries on this page)					\$
3. Total Disbursements ALL Pages (sum all the 'f' entries on all Disbursement pages)					\$