

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 a are filed.	at the Board of Elections office where the committee's campaign reports
FILED BY:	
Committee Name:	Andrew J Carroll
Treasurer Name:	Indien 5 Carroll Indien Corroll
Treasurer Address:	1610 Cedar Creek dr
(include city, state, & zip)	Metane NC 27302
Freasurer Phone:	
election cycle under the pro antil the end of the election expenditures during this ele of elections and file required	nittee intends to neither receive nor expend more than \$1,000 during the current cedures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$1,000 in contributions or ction cycle, I understand that I must immediately notify the appropriate board campaign finance reports. N ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.
o file the next scheduled	Certification to remain at or under the \$1,000 threshold. I will now be required report for all contributions and expenditures that have not been previously of the current election cycle. I further agree to file all future reports required.
7/11/74 Date Signed	Signature

Statement of Organization - Candidate Committee

Is this sta	tement:	
☐ New	☐ Amended _	

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

This form must be	accompanied by	y form CRO-3	3500. An ame	nded form is re	equired for eacl	n new election year.
A Series of States of the						

	mation and a first transfer of the control of the c					
a. Name of Committee				d. ID Number		
Andrew J Carroll						
b. Mailing Address (incl	ude City, State and Zip Code)	•		e. Date Organized		
	or Creek or Metale	NC 273	02	7/11/24		
c. Committee Website (NO DIS	<u> </u>	f. Phone Number		
	· · · · · · · · · · · · · · · · · · ·					
2. Candidate Inform	nation					
a. Full Name	панон	e. Party Affiliation				
	, 11					
Andrew C	011011	it None-				
b. Mailing Address (incl	ude City, State, and Zip Code)	f. Office Sought				
٨						
1610 Cedar	Creek dr Melon All 274	Soul + Inlake	Cons	rwation		
c . Phone Number	Creek dr Motore M. 27/10 d. Email Address	g. Next Election Year	Ĭ	h. Jurisdiction		
	andrew corroll by Egnallian	2024				
☐ Email copy of re	port notices	0009				
3. Treasurer Inform	nation	4. Assistant Treasu	irer Info	rmation		
a. Full Name	11	a. Full Name				
History (c	ال مع الله عليه الله الله الله الله الله الله الله ا					
b. Mailing Address (incl	ude City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)				
			-			
1012 01 00	L. J. M. L. a NV 27302					
Phone Number	k dr Mohar NK 27302 d. Email Address	c. Phone Number	d Facil 4	44		
		c. Fhone Number	d. Email A	kuuress		
	(noton jecovil 4/2 legman, contices by email Yes No					
Send report no	tices by email Yes No	☐ Email copy of report notices				
5. Custodian of Boo	ks Information (Keeper of Records)	6. Account Information (incl. CRO-3500)				
a. Full Name		a. Financial Institution	Full Name			
andrew Cont	.11					
b. Mailing Address (incl	ude City, State, and Zip Code)					
o. Maning Address (mer	auc Oity, State, and zap code,					
1115 61 6	1 1 40 1					
	b dr Mehone No 27302					
c. Phone Number	d. Email Address	b. Account Code	с. Туре			
	andrey const 124 ocustion-					
Email copy of re	port notices					
I certify that the Co	ommittee is in compliance with all applica	ble provisions of Ar	ticle 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 comp	lete, true and correct.	. //		, ,		
Buding (24)						
Printed 1	nature of Appointed frea		Date			
rimed	Name of Treasurer Sig	amare or Appointed real	sur Ci	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.						
(holis) Cerall (holis)						
Un arthur Drinted A	Name of Candidate	Signature of Candidate				
rimted	Jame of Candidate	orguniting of Candidate		Date		

CRO-2100A