Statement of Organization - Candidate Committee JL 31 2074 Use this form to create a new or update an existing candidate committee.

Is	this s	tatem	ent:
	New		Amended

This form the balaceompanied by form CRO-3500. An amended form is required for	r each new election year.
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1. Committee Infor	Meation						
a. Name of Committee	al - M Flack	/			d. ID Number		
JUNNSON TOP	Sheriff Election Conclude City, State and Zip Code)	nmittee			e. Date Organized		
	Elm St. Coraham NC	2026	. 7		t. Date Organizeu		
c. Committee Website (0.5		f. Phone Number			
2. Candidate Inform	mation				336-263-1145		
a. Full Name			e. Party Affiliation				
b. Mailing Address (inc	lude City, State, and Zip Code)		f. Office Sought				
	I a company and a company						
c . Phone Number	d. Email Address		g. Next Election Year	h. J	Jurisdiction		
Email copy of re 3. Treasurer Inform			4. Assistant Treasi	rer Inform	of on		
a. Full Name		A maria di sasa di Nasa	a. Full Name	истици	ACTION STATES		
Robebah W	LOCA. CPA						
b. Mailing Address (incl	lude City, State, and Zip Code)		b. Mailing Address (inc	clude City, Sta	te and Zip Code)		
	m St, Graham, NC 2	72 ⁵³					
c. Phone Number	d. Email Address		c. Phone Number	d. Email Add	ress		
336-263-1145	becky@ Cel-cpa.	com					
Send report no	tices by email XYes	□ No	Email copy of re	l eport notices	3		
	oks Information (Keeper of F	Records)	6. Account Inform	ation (inc	1. CRO-3500)		
a. Full Name			a. Financial Institution	Full Name	A SAA COOK SAIDON		
h Mailing Address (incl	ude City, State, and Zip Code)				RECEIVED		
7. Mamue Addi ess (men	auc City, State, and Zip Code)						
					JUL 3 1 2024		
. Phone Number	d. Email Address		b. Account Code	c. Type	ALAMANCE COUNTY		
					BOARD OF ELECTIONS		
☐ Email copy of re	port 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.							
Rebekah	w.log	Pobe	kable. Roes		7-30-24		
Printed N	Name of Treasurer	Sign	ature of Appointed Treas	surer	Date		
I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the luties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 63 of the NC General Statutes.							
TERRY -	5. JOHNSON -	-/evi	y I- ple	En-	07-31-24		
Printed N	Name of Candidate	/	Signature of Candidate		Date		