Statement of Organization - Candidate Committee

Is	this s	tatement:
	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 el	ction vear.
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1. Committee Information							
a. Name of Committee d. ID Number							
Committee							
b. Mailing Address (inc	to Elect Beth Ker lude City, State and Zip Code) Illowbrook Dr. Burlingto			e. Date Organized			
324 W. W	n NC 272	15	7/18/2023				
c. Committee Website (f. Phone Number				
			336.264.1541				
2. Candidate Infor	mation						
a. Full Name	e. Party Affiliation						
Elizabeth	Dem						
b. Mailing Address (inc	f. Office Sought						
324 W. Wi	Mayor, Burlington						
Burlington	NC 27215 d. Email Address	, ,		J			
c . Phone Number	d. Email Address	g. Next Election Year	h. J	furisdiction			
334 264. 1541	beth ken nettforburhington @ gmail.com	2025 B		Burlington			
⊠ Email copy of re	port notices						
3. Treasurer Inform	4. Assistant Treasurer Information						
a. Full Name		a. Full Name					
Katherine							
····	lude City, State, and Zip Code)	b. Mailing Address (inc	lude City, Sta	te and Zip Code)			
1313 Cherry Burling c. Phone Number							
o Phone Number	d Email Address	c. Phone Number	d Email Add	rass			
		c. Phone Number d. Email Address					
	Klandesegneil-con						
Send report no		☐ Email copy of report notices					
	oks Information (Keeper of Records)		6. Account Information (incl. CRO-3500)				
a. Full Name		a. Financial Institution	ruii Name				
b. Mailing Address (inc							
c. Phone Number	d. Email Address	b. Account Code	с. Туре				
☐ Email copy of re	eport notices	1					
Legrify that the C	ommittee is in compliance with all application	able 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 complete, true and correct.							
this report is comp	ioto, irao and oorioon						
			· —				
Printed	mature of Appointed Trea	ature 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.							
= $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$							
Elizabeth ?	The 1/1/2025						
Printed	Signature of Candidate		(Date				