

# 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 Elect Billy Clayton for Sheriff	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
P. O. Box 142, Burlington, NC 27216	08/18/2025
c. Committee Website (Optional)	f. Phone Number

2. Candidate Information			
a. Full Name		e. Party Affiliation	
Billy T. Clayton II		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
P. O. Box 142 Burlington, NC 27216		Sheriff	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
	vote@billyclaytonforsheriff.com	2026	Alamance
<input checked="" type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Rosalinda Gonzales			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
P. O. Box 142 Burlington, NC 27216			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
	vote@billyclaytonforsheriff.com		

Send report notices by email ☒ Yes ☐ No

☐ Email copy of report notices

5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input checked="" type="checkbox"/> Email copy of report notices			

RECEIVED

AUG 21 2025

ALAMANCE COUNTY  
BOARD OF ELECTIONS

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.

Rosalinda Gonzales

Printed Name of Treasurer

*Rosalinda Gonzales*

Signature of Appointed Treasurer

08/20/2025

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.

Printed Name of Candidate

Signature of Candidate

Date