Statement of Organization - Candidate Committee

Is this sta	tem	ent:	
New		Amended	

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

	ccompanied by form CRO-3500. An ame					
1. Committee Infor	mation (4) Section 1997					
a. Name of Committee	d. ID Number					
Mesea	for Graham					
	lude City, State and Zip Code)			e. Date Organized		
	7/12/20					
SI Oallu	<u> </u>					
c. Committee Website (Optional)			f. Phone Number		
				336 2604288		
2. Candidate Inform	mation			13-6-3-		
a. Full Name	ACT TO WELL	e. Party Affiliation				
Chale C	Tax Tal.	<u> </u>				
Chillach C	lude City, State, and Zip Code)	Dem				
b. Mailing Address (inc	lude City, State, and Zin Code)	f. Office Sought				
SII oakho	od larl	Mayor of Graham				
	C Z7253	'				
c . Phone Number	d. Email Address	g. Next Election Year		h. Jurisdiction		
		6.11cat Election Tear				
3962609131	Chelscer@ motley local.					
☐ Email copy of re						
3. Treasurer Inform	nation	4. Assistant Treasurer Inform		rmation		
a. Full Name		a. Full Name	a. Full Name			
Hadden	Cabade					
	lude City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)				
SII caleu	ode lul					
Grahan.	NC 27253					
a Dhana Mumban	d Tracil Address	c. Phone Number	d. Email	Address		
3362604288	chelsen@ mothey lood. Con					
Send report no	<u> </u>	☐ Email copy of report notices				
	oks Information (Keeper of Records)	6. Account Information (incl. CRO-3500)				
a. Full Name		a. Financial Institution Full Name				
h Mailing Adduses (incl	lude City State and Tin Code)					
b. Mailing Address (inci	lude City, State, and Zip Code)					
c. Phone Number	d. Email Address	b. Account Code	c. Type			
	-			-		
☐ Email copy of re	eport notices	1				
		<u></u>				
Lagrify that the C	ommittee is in compliance with all applic	able provisions of A	rticle 22/	of Chapter 163 of the NC		
7	nd that no funds are commingled with pro	_				
	lete, true and correct.	outoffed of other nor	1-01201020	Tunds. Thirmer certify that		
uns report is comp	iele, true and correct.					
Printed	gnature of Appointed Tre	asurer	Date			
			• .			
•	ormation above is correct, and I, as the ca					
_	ilities imposed upon the appointed treasu	rer and subject to th	e penaltie	s in Article 22A of Chapter		
163 of the NC Gene	ral Statutes.)////		, 1		
Cholera	Gen Dolley	X//		7/17-125		
Printed	Name of Candidate	Signature of Candidat	e	Date		



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:	duk- na
Committee Name:	Chiloce for Graham
Treasurer Name:	Hadden Laborde
Treasurer Address:	511 Oallward lone
(include city, state, & zip)	Graham AC 27253
Treasurer Phone:	336 260 4288
election cycle under the pro until 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 ocedures 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 oction cycle, I understand that I must immediately notify the appropriate board of 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.
7/17/25 Date Signed	Signature