

Statement of Organization - Candidate Committee

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

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

a. Full Name		c. ID Number	
Committee to Elect Kelly Allen		J72051	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
Kelly F. Allen P.O. Box 1 Haw River, N.C. 27258		8-12-25	
		e. Phone Number	
		(336) 380-9611	
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Kelly F. Allen	J72051	Republican	(Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
P.O. Box 1 Haw River N.C. 27258		Alamance County Commissioner	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
(336) 380-9611	KE.Allen@yahoo.com	2026	Alamance County
<input type="checkbox"/> Email copy of notices			
a. Full Name		a. Full Name	
Rebekah W. Loy			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
219 West Elm St. Graham, NC 27253			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-263-1145	becky@celcpa.com		
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
a. Full Name		a. Financial Institution Full Name	
		TRuliant Federal Credit Union	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		1 2	1) checking 2) Savings
<input type="checkbox"/> Email copy of notices			
<p>CERTIFICATION</p> <p>I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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.</p>			
<p><u>Rebekah W. Loy</u> Printed Name of Signer</p>		<p><u>Rebekah W. Loy</u> Signature of Appointed Treasurer</p>	
		<p>8-22-25 Date</p>	

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NORTH CAROLINA

STATE BOARD OF ELECTIONS

Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: Kelly Allen

Committee Name: Committee to Elect Kelly Allen

Treasurer Name: Rebekah W. Log

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: _____

Level Registered: _____ [State] [County] If county, specify: _____

I, Kelly Allen, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>HAW River Museum</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: _____

Date: _____

CRO-3900

Candidate Designation of Committee Funds

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