Statement of Organization - Candidate Committee

| Is this st | atem | ent: |
|------------|------|---------|
| 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.

| a. Name of Committee A. ID Number A. ID Number | 1. Committee Infor | mation | | | | | |
|--|---|---|------------------------------------|-------------|--------------|---------------------------------------|--|
| B. Mailing Address (include City, State, and Zip Code) D. Mailing Address (include C | | d. ID 1 | d. ID Number | | | | |
| B. Malling Address (include City, State, and Zip Code) 2. Sandidate Information 2. Candidate Information 3. Full Name C. Party Affiliation 1. Phone Number C. Party Affiliation 2. Candidate Information 3. Full Name C. Party Affiliation C. Phone Number C. Party Affiliation C. Phone Number C. Phone N | The coda | Howard | | | | | |
| Committee Website (Optional) N | | | | | | e. Date Organized | |
| Committee Website (Optional) N | 2359 600 | 105 BOSWell Rel. Green Lo | vel NC 272 | 17 | | | |
| 2. Candidate Information 2. Candidate Information 3. Full Name 2. Candidate Information 3. Full Name 3. Full Name 3. Full Name 4. Assistant Treasurer Information 3. Full Name 4. Assistant Treasurer Information 3. Full Name 4. Assistant Treasurer Information 4. Assistant Treasurer Information 5. Custodian of Books Information (Keeper of Records) 6. Account Information (Incl. CRO-3300) 6. Full Name 5. Custodian of Books Information (Keeper of Records) 6. Account Information (Incl. CRO-3300) 6. Full Name 6. Phone Number 7. Phone Number 8. Full Name 9. Full Name | | | | | f. Pho | ne Number | |
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| Party Affiliation Product Howard Power Party Affiliation Product Howard Power Party Affiliation Product | | | | | | · · · · · · · · · · · · · · · · · · · | |
| Theodore Howard Demail Address (include City, State, and Zip Code) Demail Address (include City, State, and Zip Code) Demail Address | | nation | e Party Affiliation | | | · | |
| b. Mailing Address (include City, State, and Zip Code) 2359 Junes Boxwell Lel. Green Level Town Council 236-578-332 ben howerd 49 e gmai Low Be Email copy of report notices 3. Treasurer Information 4. Assistant Treasurer Information 5. Full Name C. Phone Number 6. Email Address C. Phone Number 6. Email Address C. Phone Number 6. Email Address C. Phone Number 6. Account Information 7. Full Name 8. Full Name 8. Full Name 6. Account Information 8. Full Name 8. Full Name 8. Full Name 8. Financial Institution Full Name 8. Financial Institution Full Name 8. Financial Institution Full Name 9. Mailing Address (include City, State, and Zip Code) 8. Full Name 9. Mailing Address (include City, State, and Zip Code) 9. Full Name 9. Mailing Address (include City, State, and Zip Code) 1. 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. Printed Name of Treasurer Signature of Appointed Treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter | | C. I arty Animation | | | | | |
| C. Phone Number d. Email Address d. Email Address g. Next Election Year A. Survey of report notices 3. Treasurer Information a. Full Name A. Assistant Treasurer Information a. Full Name A. Assistant Treasurer Information a. Full Name A. Mailing Address (include City, State, and Zip Code) B. Mailing Address (include City, State, and Zip Code) Send report notices by email Yes C. Phone Number d. Email Address C. Phone Number d. Email Address Send report notices by email Yes No B. Email copy of report notices S. Custodian of Books Information (Keeper of Records) a. Full Name b. Mailing Address (include City, State, and Zip Code) D. Mailing Address (include City, State, an | b. Mailing Address (incl | ude City, State, and Zip Code) | f. Office Sought | | | | |
| Assistant Treasurer Information Assistant Treasurer Assistant Treasure | 2 3 59 Junes | Cyrcen Level TOWN Council | | | | | |
| A. Assistant Treasurer Information A. Assistant Treasurer Information A. Assistant Treasurer Information A. Full Name A. Full | c . Phone Number | d. Email Address | g. Next Election Year | | h. Jurisdict | ion | |
| 3. Treasurer Information a. Full Name Theorde Howard | 336-578-388 | 2025 | | Greer | Green Level | | |
| b. Mailing Address (include City, State, and Zip Code) Same as above c. Phone Number d. Email Address d. Email Address d. Email Address d. Email Address 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 Email copy of report 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. Printed Name of Treasurer Signature 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 | | | 4. Assistant Treasi | irer Info | rmation | | |
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| Theodore Howard Theodore Howard 7/16/25 | Thoulen | a Harring TDd | - 20 Hay 1 = = | d | | 7/16/25 | |
| Printed Name of Candidate Signature of Candidate Date | 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: | | | | | |
| Committee Name: | Theoretine Howard | | | | |
| Treasurer Name: | Theodore Howard | | | | |
| Treasurer Address: | 2359 James Bosewell Rd | | | | |
| (include city, state, & zip) | Green Levul, NC 27217 | | | | |
| | 20. COX 2001 | | | | |
| Treasurer Phone: | 336-578-3834 | | | | |
| election cycle under the pro- until the end of the election expenditures during this elec- of elections and file required | nittee intends to neither receive nor expend more than \$1,000 during the current cedures 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 ction cycle, I understand that I must immediately notify the appropriate board campaign finance reports. NONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. | | | | |
| to 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. | | | | |
| 7/16/25 Date Signed | Theodore Hordard Signature | | | | |