Statement of Organization - Candidate Committee

| Is this state | ment: |
|---------------|---------|
| 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 ye |
|------------------------------------------------------------------------------------------------------|
|------------------------------------------------------------------------------------------------------|

| 1. Committee Information | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|-----------------|-------------------------------|--|--|
| a. Name of Committee | | | | d. ID Number | | |
| will bur Su | 1665 | | | | | |
| Will bur Suggs b. Mailing Address (include City, State and Zip Code) | | | | e. Date Organized | | |
| 1464 George Bason Rd. Graham NC 27253 | | | | 1-7-25 | | |
| c. Committee Website (Optional) | | | f. Phone Number | | | |
| | | | | 336-516-0875 | | |
| 2. Candidate Infori | nation | | | | | |
| a. Full Name | | e. Party Affiliation | | | | |
| will have a | | Rep. | | | | |
| b. Mailing Address (incl | | f. Office Sought | | | | |
| b. Maning Address (incl | ude City, State, and Zip Code) | i. Office Sought | | | | |
| Same as | abul | swepsonville Cith Council | | | | |
| | d. Email Address | g. Next Election Year | h | . Jurisdiction | | |
| 336-516-087 | 5 55 Elect 11 @ bell south he | 2025 | | | | |
| ☐ Email copy of re 3. Treasurer Inform | | 4. Assistant Treas | unan Imfan | motion | | |
| a. Full Name | | a. Full Name | urer inior | mauon | | |
| | | a. I un I tame | | | | |
| self | | | | | | |
| b. Mailing Address (incl | ude City, State, and Zip Code) | b. Mailing Address (in | clude City, S | tate and Zip Code) | | |
| | | | | | | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Ad | ldress | | |
| | | | | | | |
| Send report no | tices by email Yes No | ☐ Email copy of r | eport notic | es | | |
| | | 6. Account Information (incl. CRO-3500) | | | | |
| a. Full Name | | a. Financial Institution | Full Name | | | |
| | | | | | | |
| b. Mailing Address (incl | | | | | | |
| | | | | | | |
| | | | | | | |
| c. Phone Number | d. Email Address | b. Account Code | c. Type | | | |
| | | | | | | |
| ☐ Email copy of re | enort notices | 1 | | | | |
| Linan copy of it | port notices | | | | | |
| 6 7 | ommittee is in compliance with all applie | | | | | |
| Mr. 341 | nd that no funds are commingled with pr | omotied of other hon- | -disclosed | runds. I further certify that | | |
| this report is complete, true and correct. | | | | | | |
| Wilbur Suggs Walt Scap 7-7-25 | | | 1.1.25 | | | |
| Printed | Name of Treasurer Si | gnature of Appointed Trea | surer | 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. | | | | | | |
| 105 of the 14C Gener | ar Saratos. | | | | | |
| | | | | | | |
| Printed 1 | Name of Candidate | Signature of Candidate | | 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.

| are filed. | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| FILED BY: | | | | |
| Committee Name: | Wilbur Sugs | | | |
| Гreasurer Name: | self | | | |
| Γreasurer Address: | 1464 Gera Buson Rd | | | |
| include city, state, & zip) | 1464 Gerge Buson Rd Grunum NC 27253 | | | |
| | | | | |
| | | | | |
| Freasurer Phone: | 336-516-0875 | | | |
| Check One: I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports. THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. | | | | |
| o file the next scheduled reported from the beginning | 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. | | | |
| Date Signed | Signature | | | |
| | | | | |