Statement of Organization - Candidate Committee

Is th	is statem	ent:
X N	ew 🔲	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 Into	A STATE OF THE PROPERTY OF THE				
a. Name of Committee	11) hital	in In 6	a. handita	Courseil	d. ID Number
Mailing Address (in	clude City, State and Zip C	Code Code	PAMOIN (114	LORGICO 1	e. Date Organized
21151 C	n-= /1/10/1/ [In Canha	n 1/1 2	7053	11/10/2023
c. Committee Website ((Ontional)	ME CHANIAN	n/11.11 a	iou	f. Phone Number
C. Commune v, course,	Орнолагу			· · · · · · · · · · · · · · · · · · ·	11.0 1.0 4.0 5.0 4.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5
○ (1995) ·		erwar a road a consideration of the constant o	AND THE PROPERTY OF THE PROPER		210-884-0602
2: Candidate Infor a. Full Name	mation		e. Party Affiliation		
12 1	1.11.4	. <u></u>	e. Party Alimanon	اله رباء	
DONNIE LOI	U WITTEKER		MATTILL	TEU	
b. Mailing Address (inc	clude City, State, and Zip 6	Code)	f. Office Sought)
2456 GREEN	VVIEW DR		Graham C	1.K C	ouncil
c . Phone Number	d. Email Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g. Next Election Year	h.	Jurisdiction
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a. Full Name	一直,一直是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一	A STATE OF THE STA	a. Full Name	illi Ciaturua.	<u> Natuuriis karaasaana</u>
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Mailing Address (inc	clude City, State, and Zip (7210	L Malling Address (i	THE CHAPTE	Para and The Code Code
D. Maning Audi cos (inc.	Jude City, State, and Zip	Jode)	b. Mailing Address (in	iciuae Chy, oc	ate and Zip Code)
			1		
c. Phone Number	d. Email Address		c. Phone Number	d. Email Add	dress
			See the desired services and the second		Treating to the second second
	<u> </u>			<u></u>	·····
Send report no		Yes No	Email copy of a		
5: Custodian of Boo a. Full Name	oks Information (Kee	per of Records)	6. Account Inform a. Financial Institution		icl CRO-350D
a. Pull Hame		Mary Agents	a. Financiai institution	A.P.IIII . Tarrey	·
	the control of the second	<u></u>	10.00		The state of the s
b. Mailing Address (inc	clude City, State, and Zip (Code)	891911 <u>ac 30</u> 9	<u> 41</u>	Street Supply Region & Fd Proper Server
					JUL 1 0 2023
c. Phone Number	d. Email Address		b. Account Code	c. Type	ALAMANCE COUNTY
				5	OARD OF ELECTION
☐ Email copy of re	eport notices		l		
General Statutes ar		ommingled with prol			of Chapter 163 of the NC funds. I further certify that
Printed	Name of Treasurer	Sig	gnature of Appointed Trea	asurer	Date
Lecrify that the inf	formation above is corr	rect and L as the ca	ndidate, annoint sai	id treasurer t	o personally fulfill the
					n Article 22A of Chapter
163 pp the NC Gener		1	11	P	/ /
Bannie U	UKILAKEN	2	アしノ		7/10/2023
Printed	Printed 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.

FILED BY:		0	
Committee Name:	Bonnie Whita	Ku fer Cix	y Comail
Treasurer Name:	Self-		
Treasurer Address:	/		
(include city, state, & zip)			
Treasurer Phone:	210-884-06	02	
election cycle under the pro until the end of the election expenditures during this ele of elections and file required	cedures set forth in G.S. 163 cycle for this committee. If ction cycle, I understand tha	3-278.10A. This certification this committee exceeds I must immediately	nan \$1,000 during the current fication will remain in effect ds \$1,000 in contributions or notify the appropriate board N ELECTION CYCLE.
to file the next scheduled		and expenditures that	hold. I will now be required t have not been previously all future reports required.
Date Signed			Signature