Statement of Organization - Candidate Committee

Is this st	atem	ent:
New		Amended

	ate a new or update an existing candidate ccompanied by form CRO-3500. An amo		new election year
	mation .		
a. Name of Committee	The state of the s		d. ID Number
Chip Tu	ner Compain Committee	<i>.</i> C.	
b. Mailing Address (inc	TUT Compain Committee		e. Date Organized
128 West	over St. Graham NC	27253	7-21-23
c. Committee Website (Optional)		f. Phone Number
		<u> </u>	336-212-0675
2. Candidate Infor	nation *		Ju ala UU II
a. Full Name		e. Party Affiliation	
Blice Tui	nac II.	Una	
	lude City, State, and Zip Code)	f. Office Sought	
	<u>ada un material de la cominación de la comi</u> La cominación de la cominación del cominación de la cominación		<u> </u>
128 Westo	verst. Graham NC 27253	Crraham City	Comsel
c . Phone Number	d. Email Address		h. Jurisdiction
22: 1100 00-	Chipsturne aol.com	<u> </u>	
De Al alue 15 Email copy of re	enipstune autien	1 2023	Graham
3. Treasurer Inform		 4. Assistant Treasurer Info	rmation
a. Full Name	The second secon	a. Full Name	
Self			
	lude City, State, and Zip Code)	b. Mailing Address (include City,	State and Zin Code)
		,	
c. Phone Number	d. Email Address	c. Phone Number d. Email A	Address - Jack State Carlo
ere til state for the second of the second o			
Send report no		Email copy of report noti	
a. Full Name	oks Information (Keeper of Records)	6. Account Information	The state of the s
<u> </u>	er in die er in deutsche Gebeurt in der Australie von der Geschen		i kanada kanada da k
h Mailing Address (incl	lude City, State, and Zip Code)		
b. Maning Address (inc.	muc City, Brates, and Zip Code)		RECEIVED
			64 0000
c. Phone Number	d. Email Address	b. Account Code c. Type	JUL_2
c. I none i tumper	u, Ellian Adaros	b. Account Code	ALAMANCE COUNTY
☐ Email copy of re	enort notices	1	BOARD OF ELECTIONS
	Politik		
I certify that the Co	ommittee is in compliance with all applic	able provisions of Article 22A	of Chapter 163 of the NC
	nd that no funds are commingled with pro		
this report is comp	lete, true and correct.	•	
Printed	Name of Treasurer Sig	gnature of Appointed Treasurer	Date
•	ormation above is correct, and I, as the ca		- ·
duties and responsib 163 of the NC Gener	ilities imposed upon the appointed treasu	rer and subject to the penalties	_
		lean	2/5014 2023
\square ($n_{i}p_{i}$)	JURNER / the	M / 1/2	6100190

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.

are filed.	
FILED BY:	
Committee Name:	Chip Turn Comp. Comm.
Treasurer Name:	<u>5e1f</u>
Treasurer Address:	128 Westover St. Graham NC 27253
(include city, state, & zip)	
Treasurer Phone:	336-212-0675
election cycle under the pro- until the end of the election expenditures during this elec- of elections and file required	uittee 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. N ONLY 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.
1 50/4 2023 Date Signed	Cluy