Statement of Organization - Candidate Committee

Is this statement:				
	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.

ls Committee Intor	matton				
a. Name of Committee		> 1	<u> </u>	d. ID Number	
	rer Jown Council J	Jeborch At	in wa		
b. Mailing Address (inc	lude City, State and Zip Code)	THE STATE OF THE S		e. Date Organized	
				7/7/23	
c. Committee Website (Optional)			• •	f. Phone Number	
				336-214.4589	
2KCandidate Infor	nation				
a. Full Name		e. Party Affiliation			
Deborah 1	Democrate				
b. Mailing Address (inc	f. Office Sought				
906 Kect	K-Pa				
	N 27258				
c . Phone Number	d. Email Address	g. Next Election Year	h.,	Jurisdiction	
336 2144589	Have beach 127 a mail com			4	
☐ Email copy of re	port notices	2023	.+	tow River	
	nation	4. Assistant Treasi		nation	
a. Full Name		a. Full Name			
Se)f					
	ude City, State, and Zip Code)	b. Mailing Address (inc	clude City, St.	nte and Zip Code)	
<i>.</i>					
Same	·				
c. Phone Number	d. Email Address	c. Phone Number	d. Email Ado	Iress	
same -					
Send report no	tices by email Yes No	Email copy of re	l enort notice	<u> </u>	
	ks Information (Keeper of Records)	6. Account Information (met. CRO-3500)			
a. Full Name		a. Financial Institution	Full Name	(15) \$4 (\$4) \$	
b. Mailing Address (incl	ude City, State, and Zip Code)				
c. Phone Number	d. Emaîl Address	b. Account Code	c. Type	DECEN/ED	
,				Name and Park Comments of Parks and	
Email copy of re	eport notices			IIII A PE GAGA	
,				AAF A: PAPA	
	ommittee is in compliance with all applica	_		T 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. Infurther certify that this report is complete, true and correct.					
uns report is comp	icic, irue and correct.			:	
	N OT				
Printed Name of Treasurer Signature of Appointed Treasurer Date					
I certify that the info	ormation above is correct, and I, as the ca	ndidate, 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.					
Deborah A. Brown Leborch a Brown 7/7/23					
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.

FILED BY:	A.
Committee Name:	How Biver Town Council- Deborah A Brown
Treasurer Name:	•
Treasurer Address:	
(include city, state, & zip)	
Treasurer Phone:	
election cycle under the pr until the end of the election expenditures during this el of elections and file require	amittee intends to neither receive nor expend more than \$1,000 during the current rocedures set forth in G.S. 163-278.10A. This certification will remain in effect in cycle for this committee. If this committee exceeds \$1,000 in contributions or action cycle, I understand that I must immediately notify the appropriate board and campaign finance reports. AN 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 g of the current election cycle. I further agree to file all future reports required.
7/7)23	Debrek a Brown Signature
Date Signed	Signature