Statement of Organization - Candidate Committee

Is			
	New	☐ Ame	nded

Use this form to create a new or update an existing candidate committee.

This form must be accommanied by form CRO-3500. An amended form is

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This form must be accompanied by form CRO-3500. An amer	iaea iorm is required	i for each new election year.			
1. Committee Information: a. Name of Committee		d TD Number			
	Tallon	d. ID Number			
Committee to Elect Jennifer b. Malling Address (include City, State and Zip Code)	igney	e. Date Organized			
	e. Date Organized				
PO Box 872 Graham NC 27	<u> </u>	1/2/21			
c. Committee Website (Optional)		f. Phone Number			
		336-229-4225			
2. Candidate Information a. Full Name	e. Party Affiliation				
Jennifer Lee Ann Talley		can RECEIVED			
	Republic	an included			
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought	1111 1 7 207			
PO Box 872, Graham, NC 27253	Mayor	And the same of the same of			
c . Phone Number d. Email Address		ALAMANCE COUPTY h. Jurisqida ARD OF ELECTION			
	g. Next Election Year	n. Jurisdiction (1) OF ECECTION			
236-229-4225 jtalley@cityofgraham.	2023	Graham			
Email copy of report notices COIV	-				
a. Full Name	a. Full Name	rer Information			
Nikki Lea Ellis		10 May 10			
b. Mailing Address (include City, State, and Zip Code)	h Mailing Address (include City State and Zin Code)				
	b. Mailing Address (include City, State and Zip Code)				
PO Box 872, Graham, NC27253					
c. Phone Number d. Email Address	c. Phone Number	d. Email Address			
536-229-4225 gatesbookkeeper@fna.	d.rr.com				
Send report notices by email 💆 Yes 🔲 No	Email copy of re				
5, Custodian of Books Information (Keeper of Records) 🖫 a. Full Name	6:: Account Informa a. Financial Institution	tion (incl. CRO-3500)			
Jenni fer Lee Ann Talley					
b. Mailing Address (include City, State, and Zip Code)	JUNILIAR	now Truist			
	1 (44.11 - 34.13 (34.41 - 1)				
PO BOX 872 Graham, NC 27253					
	b. Account Code	с. Туре			
336-29-ta25 ital culo cituofaraham.	OTATAA				
☐ Email copy of report notices Com	318509	Checking			
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. NIKKI Lea E7/15 May Default 7/15/23					
Printed Name of Treasurer Sign	nature of Appointed Treas	ourer 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 treasur	er and subject to the	penalties in Article 22A of Chapter			
163 of the NC General Statutes. JUNIFOR THEM	whi Sal	llex 7/15/22			
Printed Name of Candidate	Signature of Candidate	Date			