Statement of Organization - Candidate Committee

Is this sta	atement:
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 year.

a. Name of Committee Elect Helly Allen Haw River Mayor b. Mailing Address (include City, State and Zip Code) C. Committee Website (Optional) C. Committee Website (Optional) E. Party Affiliation Helly Allen B. Party Affiliation Helly Allen B. Mailing Address (include City, State, and Zip Code) C. Phone Number C. Party Affiliation C. Phone Number C. Party Affiliation C. Party Affili	a measure of the state of the s
b. Mailing Address (include City, State and Zip Code) PD, BOY HawRiver N. C. 27358 7/12 c. Committee Website (Optional) f. Phone Number 336 380 2. Candidate Information a. Full Name e. Party Affiliation Republican b. Mailing Address (include City, State, and Zip Code) f. Office Sought P. O. Boy HawRiw N. C. 2736 c. Phone Number d. Email Address g. Next Election Year h. Jurisdiction 336 350 960 960 Kf. Allene Yahoo. Con 2023 d. All Riv	
C. Committee Website (Optional) C. Committee Website (Optional) C. Committee Website (Optional) C. Committee Website (Optional) C. Phone Number C. A 1 258 C. Phone Number C. D. School C. Phone Number C. D. School C. Phone Number C. P	
c. Committee Website (Optional) C. Phone Number (386) 380 2. Candidate Unformation a. Full Name e. Party Affiliation Republican b. Mailing Address (include City, State, and Zip Code) c. Phone Number d. Email Address g. Next Election Year h. Jurisdiction 336 380 960 9611 KF_Allen@yahoo.com	2023
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II I Email conv of report notices	er
Email copy of report notices 3/Aireasurer/Information 45/Assistant/Decasurer/Information	
a. Full Name a. Full Name	
Kelly Allen	
b. Mailing Address (include City, State, and Zip Code) b. Mailing Address (include City, State and Zip Code)	
P.O. Box 1 HawRiver, N.C. 27258	
c. Phone Number d. Email Address c. Phone Number d. Email Address	
336 880-9611 KE Alleneyahoo.com	ŀ
Send report notices by email Yes No Email copy of report notices	
5. Custodian of Books Information (Keeper of Records) 5. Account Information (mcl GRO-3500) a. Full Name a. Full Name	
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Kelly Allen TRuliant FCU	
b. Mailing Address (include City, State, and Zip Code)	
B.o. Box 1 Hawkiver, N.C. 27252	en e e gry ess
c. Phone Number d. Email Address b. Account Code c. Type	- sa to explicat — exp. (2)
326)380-9611 KF-Allen@yahoo.com	ette m
☐ Email copy of report notices	
I certify that the Committee is in compliance with all applicable provisions of Article 22A of Chapter 163 of the General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further cert this report is complete, true and correct.	
Helly Allen Printed Name of Treasurer Helly J. Allen Signature of Appointed Treasurer Date	23
I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Cl 163 of the NC General Statutes.	
Kelly Allen A elen J. Ollen 7-7- Printed Name of Candidate Signalary 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:	
Committee Name:	Elect Helly Allen for Haw Kiver M
Freasurer Name:	delly Atlen
Гreasurer Address:	Q.O. Boly 1
include city, state, & zip)	Haw Fiver Nr. 27258
Freasurer Phone:	(336) 380-9611
election cycle under the printil the end of the election expenditures during this elections and file require THIS DECLARATION CA	mittee intends to neither receive nor expend more than \$1,000 during the current occdures set forth in G.S. 163-278.10A. This certification will remain in effect a cycle for this committee. If this committee exceeds \$1,000 in contributions or ection 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. 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
eported from the beginnin	g of the current election cycle. I further agree to file all future reports required.
7-7-2023	belly J. aller
Date Signed	Signature Signature