## **Statement of Organization - Candidate Committee**

Is this statement:			
New \	Amended		
, 10	-		

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.

k.Committee Into an along 1995 and 1995				
a. Name of Committee	<u> </u>		1.391.34	d. ID Number
Lenny Milliams  b. Mailing Address (include City, State and Zip Code)	(cmmi	TEL	van en	The Property of the Control of the C
SAT Chank and Zip Code		UZ 272	ULI	e. Date Organized
	100) 1	06.712	77	1////
c. Committee Website (Optional)			<del></del>	f. Phone Number
	THE STATE OF THE S	MANAGEMENT (SAME AND	ranning some structure for some	(371)514-137
2-Gandidate Information  a. Full Name		e. Party Affiliation		
		-	t	
LOJAVA W W. 1/1 b. Mailing Address (include City, State, and Zip Code	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Democ f. Office Sought	rai	
b. Waning Address (include City, State, and Zip Code	-			
507 cooked Flag	n NC	Mayor	- of	Cerbsonville
c . Phone Number d. Email Address		g. Next Election Year	h	Jurisdiction
(330)514-1311 lenums/2	25@aol.	d om	ĺ	
Email copy of report notices				
3.11 reasurer Information			urer Inforn	action
	<u> </u>	a. Full Name		
Same				
b. Mailing Address (include City, State, and Zip Code	)	b. Mailing Address (in	clude City, Sta	ite and Zip Code)
c. Phone Number d. Email Address		c. Phone Number	d. Email Add	lress
Send report notices by email Ye	s 🔲 No	☐ Email copy of r	eport notice:	S
5. Gustodian of Books Information (Keeper	of Records)	6: Account Inform		
a. Full Name		a. Financial Institution	Full Name	
				emon them with this bid is made from
b. Mailing Address (include City, State, and Zip Code	)	The Factor of the Control of the Con		KEUEIWEU
				11 11 A 14 AAAA
			/ I of one	<u> </u>
c. Phone Number d. Email Address		b. Account Code	c. Type	NEAMANGE COURTY
☐ Email copy of report notices				OARD OF ELECTIONS
Eman copy of report notices				<u>-</u>
I certify that the Committee is in compliance	with all applica	ble provisions of A	rticle 22A of	Chapter 163 of the NC
General Statutes and that no funds are comm				
this report is complete, true and correct.				
Printed Name of Treasurer	Sign	nature of Appointed Trea	surer	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 a				
163 of the NC General Statutes.	. 0		T THE PARTY IS	, (
Leonard William	25 / 1	m. 11	. ~	7/1/23
Printed Name of Candidate	100	Signature of Candidate	-wr	- H ( 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:	Lenny Williams Committee
Гreasurer Name:	Lenord Williams
Treasurer Address:	507 Cook Rd
include city, state, & zip)	Elon NC 27244
Гreasurer Phone:	336-516-1371
election cycle under the production the end of the election expenditures during this elections and file required THIS DECLARATION CAN	NONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.
o file the next scheduled i	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 beginning	of the current election cycle. I further agree to file all future reports required.
Date Signed	Signature