

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> 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.

1. Committee Information			
a. Name of Committee Allison ^{For} ELON COUNCIL		d. ID Number	
b. Mailing Address (include City, State and Zip Code) 102 Fernbrook Ct, ELON NC 27244		e. Date Organized 7-7-23	
c. Committee Website (Optional)		f. Phone Number 336-260-5613	
2. Candidate Information			
a. Full Name Allison		e. Party Affiliation Rep.	
b. Mailing Address (include City, State, and Zip Code) 102 Fernbrook Ct., ELON NC		f. Office Sought TOWN COUNCIL	
c. Phone Number 336-260 5613	d. Email Address m.allison1@TRIAD.NC.COM m.allison@ELON.GOV	g. Next Election Year 2023	h. Jurisdiction ELON
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name SELF		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) SAME		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number SAME	d. Email Address	c. Phone Number	d. Email Address
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO 3500)	
a. Full Name SELF		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code) SAME		b. Account Code	
c. Phone Number SAME	d. Email Address m.allison1@TRIAD.NC.COM	c. Type	
<input checked="" type="checkbox"/> Email copy of report notices			
<p>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.</p>			
_____ Printed Name of Treasurer		_____ Signature of Appointed Treasurer	
_____ Printed Name of Candidate Monti Allison		_____ Signature of Candidate Monti P. Albis	
		_____ Date 7/7/23	

RECEIVED
 JUL 07 2023
 ALAMANCE COUNTY
 BOARD OF ELECTIONS



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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: Allison For ELON COUNCIL

Treasurer Name: Monti Allison

Treasurer Address: 102 FERNBROOK COURT

(include city, state, & zip) ELON, NC 27244

Treasurer Phone: _____

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

7/7/23
Date Signed

Monti Allison
Signature