

# Statement of Organization - Candidate Committee

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

<b>1. Committee Information</b>			
a. Name of Committee		d. ID Number	
Montreena for Mebane			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
212 Kit Lane, Mebane, NC 27302		7/7/2021	
c. Committee Website (Optional)		f. Phone Number	
		3366844432	
<b>2. Candidate Information</b>			
a. Full Name		e. Party Affiliation	
Montreena Hadley		Democrat	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
212 Kit Lane Mebane, NC 27392		City Council	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
3366844432	hadley585@outlook.com		
<input checked="" type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name		a. Full Name	
Cindy Wright			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
218 Woodlawn Road Mebane, NC 27302			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
3363800530	cwright1124@gmail.com		
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
<b>5. Custodian of Books Information (Keeper of Records)</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
		RECEIVED	
b. Mailing Address (include City, State, and Zip Code)		JUN 27 2023	
		ALAMANCE COUNTY	
c. Phone Number	d. Email Address	b. Account Code	c. Type
		BOARD OF ELECTIONS	
<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> <p>Cindy Wright _____ 7/14/21 to 6/2023                  Printed Name of Treasurer Signature of Appointed Treasurer Date</p> <p>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 treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.</p> <p>Montreena Hadley _____ 06 2023                  Printed Name of Candidate Signature of Candidate Date</p>			