

# Statement of Organization - Candidate Committee

|                              |                                  |
|------------------------------|----------------------------------|
| Is this statement:           |                                  |
| <input 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  |                           | d. ID Number  |                    |
| RE-ELECT REMONIA ENOCH  |                           |   |                    |
| b. Mailing Address (include City, State and Zip Code)   |                           | e. Date Organized                                     |                    |
| 2308 BEARBERRY TRAIL BURLINGTON NC 27217  |                           | 9-1-2023  |                    |
| c. Committee Website (Optional)   |                           | f. Phone Number                                       |                    |
|   |                           | 336-693-7633  |                    |
| 2. Candidate Information  |                           |   |                    |
| a. Full Name  |                           | e. Party Affiliation                                  |                    |
| "REMONIA" ANITA ENOCH   |                           | DEM   |                    |
| b. Mailing Address (include City, State, and Zip Code)  |                           | f. Office Sought                                      |                    |
| SAME AS ABOVE   |                           | TOWN OF GREEN LEVEL COUNCIL                           |                    |
| c. Phone Number   | d. Email Address          | g. Next Election Year                                 | h. Jurisdiction    |
| SAME AS ABOVE   | REMONIA ENOCH @ GMAIL.COM | 2023  |                    |
| <input type="checkbox"/> Email copy of report notices   |                           |   |                    |
| 3. Treasurer Information  |                           | 4. Assistant Treasurer Information                    |                    |
| a. Full Name  |                           | a. Full Name  |                    |
| ME  |                           | NONE  |                    |
| b. Mailing Address (include City, State, and Zip Code)  |                           | b. Mailing Address (include City, State and Zip Code) |                    |
| SAME AS ABOVE   |                           | N/A   |                    |
| c. Phone Number   | d. Email Address          | c. Phone Number                                       | d. Email Address   |
| SAME  | SAME                      | N/A   | N/A                |
| Send report notices by email <input checked="" 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  |                           | a. Financial Institution Full Name                    |                    |
| SAME AS ABOVE   |                           | RECEIVED  |                    |
| b. Mailing Address (include City, State, and Zip Code)  |                           | JUL 20 2023   |                    |
| SAME  |                           |   |                    |
| c. Phone Number   | d. Email Address          | b. Account Code                                       | c. Type            |
| SAME  | SAME                      | ALAMANCE COUNTY                                       | 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> <u>RAMONA ANITA ENOCH</u>                      <u>Ramona A. Enoch</u>                      <u>7/20/2023</u><br/>                     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> <u>RAMONA ANITA ENOCH</u>                      <u>Ramona A. Enoch</u>                      <u>7/20/2023</u><br/>                     Printed Name of Candidate                      Signature of Candidate                      Date                 </p> |                           |   |                    |