Statement of Organization - Candidate Committee

Is this statement:					
New	M Amended				

Use this form to cr	reate a new or update an existing candid	ate committee.	****
This form must be	accompanied by form CRO-3500. An a	amended form is required for eac	ch new election year.
14 Committee Info	ometion.		
a. Name of Committee	e (1888)		d. ID Number
Carter	- 4 alamance		
b. Mailing Address (i	nclude City, State and Zip Code)		e. Date Organized
			The state of the s
2212	Doral Court Burl	ington, NC 2/21	5 2/16/2018
- Gozzalite (Constitution	(Optionar)		f. Phone Number
	4 alamance, com		
2. Candidate Info	ormation		
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*	nclude City, State, and Zip Code)	f. Office Sought	<u> </u>
Visit Control of the	Clute City, Diace, and Eap Sound	I. Office Sought	
Same	_		,
		COUNTY COM	imissioner
c . Phone Number	d. Email Address, carter & Curter 4 alamance. Co	g. Next Election Year	h. Jurisdiction
336-214-760	d ranter 4 a la mance, co		
☐ Email copy of re	report notices	2026	County
	imation	4. Assisiani Dreasurer Info	
	· · · · · · · · · · · · · · · · · · ·	a. Full Name	Institut
_		A STATE OF THE STA	<u> </u>
Rebecca	1		
	clude City, State, and Zip Code)	b. Mailing Address (include City,	State and Zip Code)
40 6 BON	こうどし		
Grahu	d. Email Address		
c. Phone Number	d. Email Address	c. Phone Number d. Email A	A ddraeg
	<u> </u>	(<u>4</u>) (<u>5</u>) (<u>5</u>)	Allur Coo
	5 becky@CCL-CPA, Com		
	otices by email Yes No	☐ Email copy of report notice	
	ooks Information (Keeper of Records)	6. Account Information	(incl. CRO-3500)
a. Full Name		a. Financial Institution Full Name	and the control of th
			RECEIVED
b. Mailing Address (inc	clude City, State, and Zip Code)		IT IVI IVI
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c. Phone Number	d. Email Address		T BREEFILM TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TOT
W. I. HOMO I TURNEY	u. Eman Address	b. Account Code c. Type	LAWANCE COUNTY
T Email convents		-	P. D. Tree Land Control of the Contr
☐ Email copy of re	eport notices		
	and the second s		
I certify that the Co	Committee is in compliance with all appli	icable provisions of Article 22A	of Chapter 163 of the NC
General Statutes an	and that no funds are commingled with pr	rohibited or other non-disclosed	funds. I further certify that
this report is comp	plete, true and correct.		
Printed	Name of Treasurer S	Signature of Appointed Treasurer	Dota
		-	Date
I certify that the info	formation above is correct, and I, as the c	candidate, appoint said treasurer	to personally fulfill the
duties and responsib	pilities imposed upon the appointed treas	surer and subject to the penalties	in Article 22A of Chapter
163 of the NC Gener	ral Statutes.	// 1 / 1	1
Steven J.	· D. An	Hoise Alasta	0/18/2002
	Name of Candidate	Charles 17 Condidate	_ 4/10/1010
	Name of Candidate	Signature of Candidate	'Date