Statement of Organization - Candidate Committee

Is	this st	atem	ent:	
	New	\square	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 Infor a. Name of Committee	mation			d. ID Number			
Long for Sherif				d. 1D Number			
	Plude City, State and Zip Code)			e. Date Organized			
	law River, NC 27258	1		11/17/2025			
c. Committee Website (C				f. Phone Number			
	•			336-355-0668			
2. Candidate Inform	mation			1000			
a. Full Name		e. Party Affiliation		1 THE LETTER AND A SECOND SECO			
Shannon Lema		Unaffiliated					
b. Mailing Address (incl	lude City, State, and Zip Code)	f. Office Sought					
PO Box 102, H	law River, NC 27258	Sheriff	Sheriff				
c . Phone Number	d. Email Address	g. Next Election Year	h.	. Jurisdiction			
336-355-0668	longforsheriff2026@gmail.com						
	port notices	2026	F	Alamance			
3. Treasurer Inforn		4. Assistant Treasu	ırer İnfori	mation			
a. Full Name		a. Full Name					
Joanna Jones							
b. Mailing Address (incl	lude City, State, and Zip Code)	b. Mailing Address (inc	lude City, S	tate and Zip Code)			
30 5 400 H		1					
	law River, NC 27258	- 20093					
c. Phone Number	d. Email Address	c. Phone Number	d. Email Ad	ldress			
240-643-7005	joannajones811@gmail.com						
Send report no		Email copy of re					
5. Custodian of Boo a. Full Name	oks Information (Keeper of Records)	6. Account Informa		ncl. CRO-3500)			
	,		r un mame	DECENIED			
N/A	lude City, State, and Zip Code)	First Horizon		RECEIVED			
b. Mailing Address (inc.	ude City, State, and Zip Code)			NOV 21 2025			
	,	l .		MOA KI KULJ			
c. Phone Number	d. Email Address	b. Account Code	c. Type	ALAMANCE COUNTY			
of I Holle I valle	d. Eman Address	b. Account Cons	C. IJPC	BOARD OF ELECTIONS			
☐ Email copy of re	eport notices	1	Checkin	ıg			
(i)	ommittee is in compliance with all applica			(- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
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.							
Joann	Joanna Jones Hunty 11/21/25						
Printed Name of Treasurer Signature of Appointed Treasurer 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 appointed treasurer and subject to the penalties in Article 22A of Chapter							
163 of the NC Gener	al Statutes.		_				
5 May 100 00 00 11/21/2							
Printed Name of Candidate Signature of Candidate Date							