Statement of Organization - Candidate Committee

Is this s	tatement:	
New	☐ 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 yea	ear.
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1. Committee Infor	mation					
a. Name of Committee					d. ID Number	
Warre	N Parks lude City, State and Zip Code)					
					e. Date Organized	
1724 BlackWell Rd. BUT Ington			27217		12/8/2025	
c. Committee Website (C	Optional)				f. Phone Number	
temps book comcast. Net					246-926-4057	
2. Candidate Inform	nation					
a. Full Name	()		e. Party Affiliation			
Wellen Las	AParks JR.		Dem			
	ude City, State, and Zip Code)		f. Office Sought			
Same as	Above		Canty Commetioner			
	d. Email Address		g. Next Election Year	h.	Jurisdiction	
Same as above	Same ashbove		0			
Email copy of re						
3. Treasurer Inform	nation		4. Assistant Treasurer Information			
a. Full Name	0		a. Full Name			
Warren Y						
b. Mailing Address (incl	ude City, State, and Zip Code)		b. Mailing Address (inc	lude City, S	tate and Zip Code)	
c. Phone Number	d. Email Address		c. Phone Number	d. Email Ad	ldress	
Send report no	tices by email Yes 🗆	No	☐ 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		
b. Mailing Address (incl	ude City, State, and Zip Code)		REC			
				Las I V I	THE REAL PROPERTY AND ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY ADDR	
			ara	0 0 2020		
c. Phone Number	d. Email Address		b. Account Code	c. Type U.		
			ALAMAN	CE COU	NTY	
☐ Email copy of re	eport notices		BOARD O	F ELECT	TIONS	
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. Warren Parks Warren Power 12/8/2016 Printed Name of Treasurer Date						
Printed 1	Name of Candidate		Signature of Candidate		Date	



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:	Warren Parks
Treasurer Name:	Sulp
Treasurer Address:	1724 BlackWell Rd. 27217 RECEIVED
(include city, state, & zip)	Burlington NC. DEC 0 8 2025
	ALAMANCE COUNTY BOARD OF ELECTION
Treasurer Phone:	240-926-4057
Check One:	

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.

Date Signed

Maren Tonhas Signature