

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.

1. Committee Information			
a. Name of Committee		d. ID Number	
Campaign to elect Ramona Allen for County Commissioner			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
2711 White Oak dr Burlington			
c. Committee Website (Optional)		f. Phone Number	
		(336) 437-4832	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Ramona Allen		Democratic	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
2711 White Oak dr Burlington NC 27157		County Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
(336) 437-4832	ramona@outreachad.com	2026	Alamance
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Briana Godfrey Clark			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
2715 4892 Candance Ridge Ct Greensboro NC 27406			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-923-8140	briana@godfrey.com		
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	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			

RECEIVED
 MAY 08 2026
 ALAMANCE COUNTY
 BOARD OF ELECTIONS

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.

Briana Godfrey Clark Printed Name of Treasurer [Signature] Signature of Appointed Treasurer 5-8-2026 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 General Statutes.

Ramona Allen Printed Name of Candidate [Signature] Signature of Candidate 5-8-2026 Date