Statement of Organization - Candidate Committee

Is this statement: ☐ 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 year.

1. Committee Information

a. Name of Committee	d. ID Number
Committee to Elect Stephanie Long Enoch	
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
2236 Basil Holt Rd, Burlington NC 27217	12/5/26
c. Committee Website (Optional)	**f. Phone Number**
	336/512-6613

2. Candidate Information

a. Full Name	e. Party Affiliation
Stephanie Long Enoch	Democrat
b. Mailing Address (include City, State, and Zip Code)	**f. Office Sought**
2236 Basil Holt Rd, Burlington NC 27217	Alamance ~~Board~~ ABSS of Education
c . Phone Number / **d. Email Address**	**g. Next Election Year** / **h. Jurisdiction**
336/512-6613 / senoch1959@gmail.com	2026 / County

☐ Email copy of report notices

3. Treasurer Information

a. Full Name	
Herman A Long	
b. Mailing Address (include City, State, and Zip Code)	
2514 Chaucer Ct Burlington NC 27217	
c. Phone Number	**d. Email Address**
336/512-6613	herman_primarymortgage@yahoo.com

Send report notices by email ☐ Yes ☐ No

4. Assistant Treasurer Information

a. Full Name	
b. Mailing Address (include City, State and Zip Code)	
c. Phone Number	**d. Email Address**

☐ Email copy of report notices

5. Custodian of Books Information (Keeper of Records)

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	**d. Email Address**

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6. Account Information *(incl. CRO-3500)*

a. Financial Institution Full Name	
b. Account Code	**c. Type**

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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.

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 General Statutes.

Printed Name of Candidate	Signature of Candidate	Date
Stephanie Long Enoch	Stephanie Long Enoch	8/3/26