Statement of Organization - Candidate Committee

Is this statement:

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 Info	rmation			Line Alle		
a. Name of Committee					d. ID Number	
Vote.	Tery Mrazek clode City, State and Zip Code	1				
b. Mailing Address (inc			e. Date Organized	t		
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c. Committee Website ((Ontional)	as crain ne	2 anut	f. Phone Number	<i>w</i> 11	
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2. Candidate Infor	ZEK2 @Bmail			336-430-2	636	
2. Candidate infor	mation	COLOR FOR STREET	e. Party Affiliation			10-1
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Therest Elizabeth Mrazek						1.1
b. Mailing Address (include City, State, and Zip Code)			f. Office Sought			
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c . Phone Number	d. Email Address		g. Next Election Year	ի, յ	arisdiction 💛	AM IC: 47
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-	enort notices		2020	0	istrick B	
Email copy of report notices 3. Treasurer Information			4. Assistant Treasurer Information			
a. Full Name			a. Full Name		BOAV AL	
-T- N	long					
Terri MI		- >	b Bertite - Address (b	-11- City Sta		
D. Matting Address (Inc	clude City, State, and Zip Code	ε)	b. Mailing Address (in	icitude City, Sta	te and zip Coue)	
SAME C	of above					
c. Phone Number d. Email Address			c. Phone Number	d. Email Add	ress	
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	otices by email 🛛 🕅 Ye		 Email copy of I Account Inform 		L CRO-3500)	
5. Custodian of Books Information (Keeper of Records) a. Full Name			a. Financial Institution	Contraction of the Rest of the	L CH(0-5500)	
			FINST National Bank			
b. Mailing Address (include City, State, and Zip Code)			F1107 1000	ICRUI K	JURA	
D. Mailing Address (inc	ciude City, State, and Zip Codi	3000 CH1	Welley 11	201	2	
			Walkentown NC 27051			
c. Phone Number	d. Email Address		b. Account Code	c. Type	<u>O</u>	1 2"
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Email copy of r	report notices		071707			10 11
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	Committee is in compliance and that no funds are comm					
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	L May	ere	12.00	-207		
Printed	l Name of Treasurer	Sig	mature of Appoinfed Tre	asurer	Dat	le
I certify that the inf	formation above is correct	, and I, as the ca	ndidate, appoint sai	d treasurer to	personally fulfil	ll the
	oilities imposed upon the a					
163 of the NC Gene			. 1			
Carr.	Maria	ob	12-11	5-2119		
Printed Name of Candidate			Signature of Candidat		Da	te
		NC State Boa	ard of Elections	November 2019		