Statement of Organization - Candidate Committee

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Amended	
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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 electro				
1. Committee Information		ew cicede		
a. Name of Committee		d. ID Number		
Re-Flort Kenny Maria For Miderman		20011011		
Re-Elect Kenny Crews For Alderman b. Malling Address (Include City, State and Zip Rode)		e. Date Organized		
513 North Main St. Kerne c. Committee Website (Optional)	r < 11 1 27284	e. Date Organized		
c. Committee Websile (Optional)	SIDDING IVE.	f. Phone Number		
		A STATE OF THE PARTY OF THE PAR		
Kennylindacrews Damail.	C0111	336-993-6735		
a. Full Name	e. Party Affiliation			
V + O D				
Kenneth Ray Crews b. Mailing Address (include City, State, and Lip Code)	Keoublican GOTTEE Shught			
b. Mailing Address (include City, State, and Zip Code)	i. Office Shughi			
513 North Main St.				
Kernersville N.C. 27284		(
c . Phone Number d. Email Address	g. Next Election Year h. J	urisolction		
331 - 351 - 2507 // - 1: \				
331-251-2525 Kennylindar, rews agmail	.com 2021			
Email copy of report notices 3. Treasurer Information	4. Assistant Treasurer Inform	ation (3		
a, Full Name	a. Full Name	N)		
Time & Compton		= :		
b. Mailing Address (Include City, State, and Zip Code)	b. Malling Address (include City, Sta	te and Zin Code)		
508 N. Main St.	, , , , , , , , , , , , , , , , , , , ,			
18675-27 ellisarans		!		
c. Phone Number d. Email Address	c. Phone Number d. Email Add	ress		
336778-6456 theompton 270 gmail.	om	3		
Send report notices by email \ X Yes \ No	Email copy of report notices			
5. Custodian of Books Information (Keeper of Records)		L CRO-3500)		
a. Full Name	a. Financial Institution Full Name	1		
Linda Y. Crews	No account	T 15_aoinal		
b. Mailing Address (loclude City, State, and Zip Code)	1 1			
513 N. Main St.	Ito be open	2a.449		
4865 S. P. ellinarerrex	' - ' - '			
c. Phone Number d. Email Address	b. Account Code c. Type			
336-251 2529 Kennylindacrewspanila				
Email copy of report polices				
N				
I cerafy that the Committee is in compliance with all applica	able 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				
To 18 (00 at 1) () The Think of the Think				
Printed Name of Treasuren Signature of Appointed Treasurer Vale				
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 to Article 22A of Chapter				
163 of the NC General Statutes.				
Kenneth Preus Kom Printed Name of Candidate	Signature of Candidate	Date		