## **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. At	n amended form is required for each new election year.
--	--

1. Committee Information 2009 May 5 DM 2: 21							
a. Name of Committee	d. ID Number						
		vidin.					
b. Mailing Address (inc	lude City, State and Zip Code)	7 To+347		e. Date Organized			
Committee Website (	0. 4. E. D	***************************************		- w			
c. Committee Website (	Uptional)			f. Phone Number			
2. Candidate Inform	mation						
a. Full Name	IIII OLL	e. Party Affiliation					
		C. I will Parlimeton					
b. Mailing Address (inc	lude City, State, and Zip Code)	f. Office Sought					
c . Phone Number	d. Email Address	g. Next Election Year	h	. Jurisdiction			
		1					
☐ Email copy of re		man					
3. Treasurer Inform	nation	4. Assistant Dreas	urer Infor	mation			
a. Full Name		a. Full Name					
b. Mailing Address (incl	lude City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)					
	1	<del> </del>	T				
c. Phone Number	d. Email Address	c. Phone Number	d. Email Ad	ldress			
Send report no		☐ Email copy of 1					
	oks Information (Keeper of Records)	6. Account Information (incl. CRO-3500)					
a. Fuli Name		a. Financial Institution	1 Full Name				
		TID AT H	2012-	21.11			
Mailing Address (incl	Ind City Ctate and Tin Code)	7/12/1/1	HI	N DANIC			
b. Mailing Address (inci	lude City, State, and Zip Code)	ZBO) REYNOLDA RD.					
		WINSTON SKIEM ME 2710					
		11/11/15772	SKI	THE 12100			
c. Phone Number	d. Email Address	b. Account Code	c. Type				
		Di Tabbouni Code	ci zype				
		1 72 V V	مدسر ا	ال المار الم			
Email copy of re	eport notices	DINA	41	ECKING			
I certify that the Co	ommittee is in compliance with all applie	cable provisions of A	rticle 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.							
this report is complete, true and confect.							
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.							
105 of the Ive Golle,	all Statutes.	1	1/1	- 1/16/			
E121/2 G. LEYST CHAT VINC 6/9/22							
Printed Name of Candidate Signature of andidate Date							

CRO-2100A

NC State Board of Elections

November 2019