Statement of Organization - Candidate Committee

Isthis	statement:
New 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 Info	rmation			iew election year.	
a. Name of Committee		A LANDAR DA LAND		d. ID Number	
Ralfha	w. In Manubel.				
B. Mailing Address (include City, State and Zip Code) a. ID Number a. ID Number a. ID Number a. ID Number b. Mailing Address (include City, State and Zip Code) a. Doto Opposite del City, State and Zip Code)					
5185 A.	e. Date Organized				
5185 ASHIMA Drive, Winston Salem, NC27106 c. Committee Website (Optional)			12-4-2023		
. committee website	(Optional)			f. Phone Number	
2. Candidate Infor	mation			336-528-3880	
a. Full Name		Dente A CONT at	1212110		
Ralf Eugene Walters		e. Party Affiliation Republica	Republican		
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	f. Office Sought		
5185 Ashlyn Dr. Winston Salen NC 27106			Forsyth County COMMISSIONER		
c. Phone Number	d. Email Address	- g. Next Election Yes	h.l	urisdiction	
336-528-3880	ElectRalfWalters @gmc	and the			
Email copy of re	port notices	2024	. In	Istrict B	
3. Treasurer Inform	nation			- 42	
a. Full Name		a. Full Name	4. Assistant Treasurer Information a. Full Name		
Ralf Euger	1e Walters		Michael W. Ziglar		
b. Mailing Address (incl	ude City, State, and Zip Code)				
5185 Ashlu	~ Dr	10081	b. Mailing Address (include City, State and Zip Code)		
WINSTON Salem. WC 27106		Lista velo	1008 LISA Anne LN.		
c. Phone Number	d. Email Address	C. Phone Number	Wiston Salem, NC 27104		
	electral fwalters (Ogmi		c. Phone Number 336-407-0487 michaelwziglas aft. net		
Send report houces by email Yes No		Email conv of	Email copy of report notices		
5. Custodian of Books Information (Keeper of Records) a. Full Name		ls) 6. Account Infor	6. Account Information (incl. CRO-3500)		
			a. Financial Institution Full Name		
Ralf Eugene Walters		TRUIST	TRUIST		
D. Mailing Address (inclu	ide City, State, and Zip Code)	0		D	
5185 Ashlyn	DC NY DT DI	2080 VIII	2080 Village Link Rd		
	New NC 27106	Winston Sc	Winston Sallem NC 271069829		
c. Phone Number	l. Email Address	b. Account Code	c. Type		
536.528-5880	Electratiwalters Domai	1	checki	λ. <i>Λ</i> .	
Email copy of rep	port notices		Check	113	
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. Raif E. Walters $12-8-2023$					
Printed N	ame of Treasurer	Signature of Appointed Tre	1011#0#		
I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the huties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes. Ray 5. Walter 12-8-2023					
CRO-2100A	the second se	Signature of Candidate		Date	
#1.00/1	NC State	Board of Elections		November 2019	



Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name:	Ralf Eugene Wal	ters			
Committee Name:	Raif Waltors For Co	unty Commissioner			
Treasurer Name:	Ralf Walters				
If Candidate is own treasurer, designate an agent to carry out designations: Michael W. Ziglar Assistant TREASURER					
Committee ID #:	Assistant TREASURER				
Level Registered:	[State] [County] If county, specify: Forsyth				
I, <u>Raif Eugene Walters</u> , hereby direct that in the event of my death or incapacity all (Name of Candidate) funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).					
Name (Select from	<u>of Entity</u> \$163-278.16B(a))	Plan for Disbursement (eg. Amount or %)			
1. ReBridge 501 c(3)		100%			
2					
3					
By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.					
Signature of Candidate: Ray & Walters					
Date: 12-8-2023					

CRO-3900

Candidate Designation of Committee Funds