

# 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

Hutchins for Town Council

d. ID Number

10010039

b. Mailing Address (include City, State and Zip Code)

1819 Longmont Dr., Kernersville NC 27284

e. Date Organized

07-10-2023

c. Committee Website (Optional)

f. Phone Number

(336) 817-1437

## 2. Candidate Information

a. Full Name

Wesley Dean Hutchins

e. Party Affiliation

N/A

b. Mailing Address (include City, State, and Zip Code)

PO Box 46  
Walkertown, NC 27051

f. Office Sought

Town Council Member

c. Phone Number

(336) 817-1437

d. Email Address

whutchins@triad.rr.com

g. Next Election Year

2023

h. Jurisdiction

Town of Walkertown

☒ Email copy of report notices

## 3. Treasurer Information

a. Full Name

Mallory H. Robbins

b. Mailing Address (include City, State, and Zip Code)

1819 Longmont Dr.  
Kernersville NC 27284

c. Phone Number

(336) 817-0179

d. Email Address

malloryhutchins@gmail.com

Send report notices by email

☒ Yes ☐ No

## 4. Assistant Treasurer Information

a. Full Name

N/A

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

Mallory H. Robbins

b. Mailing Address (include City, State, and Zip Code)

1819 Longmont Dr.  
Kernersville NC 27284

c. Phone Number

(336) 817-0179

d. Email Address

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

a. Financial Institution Full Name

Trust

b. Account Code

WH2023

c. Type

Checking

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.

Mallory H. Robbins

Printed Name of Treasurer

Mallory Robbins

Signature of Appointed Treasurer

7/11/2023

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.

Wesley D. Hutchins

Printed Name of Candidate

Wesley D. Hutchins

Signature of Candidate

07/11/2023

Date