

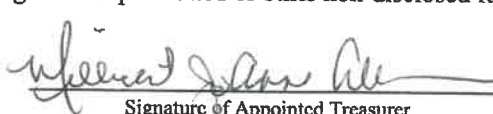
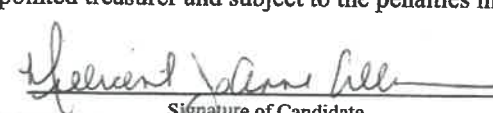
Statement of Organization - Candidate Committee

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		d. ID Number	
Committee to Elect JoAnne Allen Mayor			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
P.O. Box 284 Winston Salem, N.C. 27102		12/20/23	
c. Committee Website (Optional)		f. Phone Number	
		336-602-5369	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Millicent JoAnne Allen		Democrat	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
P.O. Box 284 Winston Salem, N.C. 27102		Mayor	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
(336) 602-5369	JoAnne Allen 4 Mayor@yahoo.com	2024	WS
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Millicent JoAnne Allen			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
P.O. Box 284 Winston Salem, N.C. 27102			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(336) 602-5369	JoAnne Allen 4 Mayor@yahoo.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
Millicent JoAnne Allen		Bank of America	
b. Mailing Address (include City, State, and Zip Code)			
P.O. Box 284 Winston Salem, N.C. 27102			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		1357	Checking
<input checked="" type="checkbox"/> Email copy of report notices			
<p>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.</p> <p>Millicent JoAnne Allen  12/20/23 Printed Name of Treasurer Signature of Appointed Treasurer Date</p> <p>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.</p> <p>Millicent JoAnne Allen  12/20/23 Printed Name of Candidate Signature of Candidate Date</p>			