

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 Natalie Kelly for Bethania Commissioner	d. ID Number 760548
b. Mailing Address (include City, State and Zip Code) P.O. Box 153 Bethania NC 27010	e. Date Organized 7/7/25
c. Committee Website (Optional)	f. Phone Number 704.880.1174

2. Candidate Information

a. Full Name Natalie Anne Kelly	e. Party Affiliation Dem
b. Mailing Address (include City, State, and Zip Code) P.O. Box 153 Bethania NC 27010	f. Office Sought Town of Bethania Commissioner
c. Phone Number 704.880.1174	d. Email Address natalie.kelly005@gmail.com
<input type="checkbox"/> Email copy of report notices	g. Next Election Year 202
	h. Jurisdiction Bethania Forsyth County

3. Treasurer Information

a. Full Name Natalie Anne Kelly
b. Mailing Address (include City, State, and Zip Code) P.O. Box 153 Bethania NC 27010
c. Phone Number 704.880.1174
d. Email Address natalie.kelly005@gmail.com
Send report notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

4. Assistant Treasurer Information

a. Full Name
b. Mailing Address (include City, State and Zip Code)
c. Phone Number
d. Email Address
<input type="checkbox"/> Email copy of report notices

5. Custodian of Books Information (Keeper of Records)

a. Full Name Natalie A. Kelly
b. Mailing Address (include City, State, and Zip Code) P.O. Box 153 Bethania NC 27010
c. Phone Number 704.880.1174
d. Email Address natalie.kelly005@gmail.com
<input type="checkbox"/> Email copy of report notices

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name Wells Fargo
b. Account Code NAK60
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.

Natalie Anne Kelly
Printed Name of Treasurer

Natalie Anne Kelly
Signature of Appointed Treasurer

7/8/25
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.

Natalie Anne Kelly
Printed Name of Candidate

Natalie Anne Kelly
Signature of Candidate

7/8/25
Date



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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JUL 10 PM 3:10

FORSYTH COUNTY
BOARD OF ELECTIONS

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

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

FILED BY:

Committee Name: Natalie Kelly for Bethania Commissioner

Treasurer Name: Natalie Anne Kelly

Treasurer Address: P.O. Box 153

(include city, state, & zip) Bethania, NC 27010

Treasurer Phone: 704.880.1174

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

☐ I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

7/8/25

Date Signed

Natalie Anne Kelly

Signature



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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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: Natalie Kelly

Committee Name: Natalie Kelly for Bethania Commissioner

Treasurer Name: Natalie Anne Kelly

If Candidate is own treasurer, designate an agent to carry out designations: John Marshall Ellis

Committee ID #: ~~1600005~~ 7CQSU8

Level Registered: [State] [County] If county, specify: County Forsyth County

I, Natalie Kelly, 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 of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Town of Bethania</u>	<u>100%</u>
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: Natalie Anne Kelly

Date: 7/8/07