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	
G3 Action				ICQ5RM	
b. Mailing Address (include City, State and Zip Code)			1.1	e. Date Organized	
208 Lakeway Dr Lewisville, N.			2702		
c. Committee Website (Optional)				f. Phone Number	
			336-416-3529		
2. Candidate Info		in start a start	and a state of the state of the		
a. Full Name	e. Party Affiliation				
Kenneth Raynor Gallup III b. Mailing Address (include City, State, and Zip Code)		Kepublican			
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought			
208 Lakeway Dr		Lewisville Town Council			
Lewisville, NC 27023					
c . Phone Number	d. Email Address	g. Next Election Year	r	h. Jurisdiction	
336-416-3529	krgallup 3 Poutlask. Com	2025 Len		Lewisville	
Email copy of r					
3. Treasurer Information a. Full Name		4. Assistant Treasurer Information			
	a. Full Name		N		
Malinda Carole Gallap					
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)			
4887 Sterling Brookeln					
Winston-			6		
c. Phone Number	c. Phone Number d. Email Address				
336-782-	d. Email Address				
Send report ne			All and a second		
5. Custodian of Bo	Email copy of report notices G. Account Information (incl. CRO-3500)				
a. Full Name	6. Account Information (incl. CRO-3500) a. Financial Institution Full Name				
b. Mailing Address (include City, State, and Zip Code)		Well's Fi	Wells Fargo		
wanning Audress (include City, State, and Zip Code)					
c. Phone Number	d. Email Address	b. Account Code	c. Type	с. Туре	
				1	
Email copy of r	eport notices	- 1961	Ch	ecking	
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.					
Malinda Carole Gallys Malinela Carole Ade 7-8-25					
Printed Name of Treasurer Signature of Appointed Treasurer Date					
I certify that the information above is correct and L as the condition of the terms is the information above is correct.					
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.					
Kanpall Roways followith them I show to an -					
Printed Name of Condidets 7-8-25					
Printed Name of Candidate Signature CRO-2100A NC State Board of Election)	Date	
UNU-21111/1	NU State Box	rd of Elections		November 2010	

NC State Board of Elections

November 2019