Statement of Organization - Candidate Committee

Is t	his sta	atement:	
	New	☐ Amende	ed

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 Infor	mation					
a. Name of Committee	4	1 2			d. ID Number	
Wallton	Un COMMI ude City, State and Zip Cod	ther			e. Date Organized	
p. Maning Address (incl		and the same of th				
1119 116	Mendon S	1. 1W.	hand c	7770	5 8/1/2/	
c. Committee Website (C	Optional)				f. Phone Number	
2. Candidate Inform	nation	THE SALE OF				
a. Full Name			e. Party Affiliation		11.1.	
1.10			Dem. IN PERSON f. Office Sought			
b. Mailing Address (include City, State, and Zip Code)					Alle A.A. ass.	
1119 Clare	endon St. D	u. han	City Con	101	AU G 0 9 2021	
c . Phone Number	d. Email Address		g. Next Election Year		h. JurisdictidaURHAM BOE	
9/9.308.96/9			2021			
Email copy of re			A Assistant Treasur	rar Info	rmation	
3. Treasurer Inform a. Full Name	паноп		4. Assistant Treasurer Information a. Full Name			
INaldo	Fenne					
b. Mailing Address (incl	lude City, State, and Zip Coo	de)	b. Mailing Address (inc	lude City,	State and Zip Code)	
11/9 Clares	den St MC 2772 d. Email Address	25				
c. Phone Number	d. Email Address		c. Phone Number	d. Email	Address	
984-2257853		/				
Send report no			☐ Email copy of report notices			
	oks Information (Keepo	er of Records)	6. Account Information (incl. CRO-3500)			
a. Full Name	^		a. Financial Institution	Full Name	e	
Walds F	Enne-					
b. Mailing Address (incl	Chne- lude City, State, and Zip Coo	de)				
119 Clave	NC 2770	5				
c. Phone Number	d. Email Address		b. Account Code	с. Туре		
☐ Email copy of re	eport notices		1			
I certify that the Concral Statutes as	ommittee is in complian		-		A of Chapter 163 of the NC d funds. I further certify that	
Printed	Name of Treasurer	Sig	gnature of Appointed Trea	surer	Date	
Loortify that the inf	armatian abaya ia aarras	at and I as the as	indidate annoint coid	treemre	or to nerconally fulfill the	
					er to personally fulfill the es in Article 22A of Chapter	
163 of the NC Gene		appointed freast	ioi and subject to the	penanie	in Article 22A of Chapter	
Printed	Name of Candidate		Signature of Candidate		Date	



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	11	where the committee's campaign reports are	filed.
Candidate Name:	Wglds Fenn	er	
Committee Name:	Wallfown		
Treasurer Name:	Waldo Fenne	er	
If Candidate is own t	reasurer, designate an agent to	o carry out designations: Doug Fe	Mer
Committee ID #:			
Level Registered:	[State] [County] If county, s	specify:	
debts or reasonable following manner as <u>Name</u>	• •	ount(s) (after payment of permitted outs e Committee or closing office) be paid 163-278.16B(a). Plan for Disbursement (eg. Amount of	l in the
1.			
3.			
		ntities are eligible beneficiaries under N should be maintained with the Committ	
Signature of Candida	ite: () alglo j	Lynn	
Date:	8/2/2/	IN P	ERSON

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