## **Statement of Organization - Candidate Committee**

Is this st	atem	ent:	
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	<b>一种性性的生活</b>	4			
a. Name of Committee	d. ID Number				
MARK WAILER Soil Construct	104				
b. Mailing Address (include City, State and Zip Code)	e. Date Organized				
5005 Kenley vel Durhay NC 27705			7-1-2022		
c. Committee Website (Optional)			f. Phone Number		
			919-225-4305		
2. Candidate Information					
a. Full Name	e. Party Affiliation				
MARK W WAILER	UNA				
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought				
27705	DUNHAM SOILT WATER				
5005 Kenley rd Durham NC	Conservation District Supervisor				
c . Phone Number d. Email Address	g. Next Election Year	ŀ	ı. Jurisdiction		
919-225-4305 WAHERMARKUCULA, Licon					
☐ Email copy of report notices		4.			
3. Treasurer Information a. Full Name	4. Assistant Treasurer Information				
		a. Full Name			
MARR W WAITER	PAMW WATTER				
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)				
5005 Kenley wel	5005 Kienlay 10				
Dunham NC 27705	Dun 4AM NC 27705				
Dhone Number d Email Address					
9/9-725-4305 WAIIER WARKED CWAIL, to r	919-403-1657 MARKW PARC				
Send report notices by eman Tes 110	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				
			IN PERSON		
b. Mailing Address (include City, State, and Zip Code)					
			JUL 0 6 2022		
c. Phone Number d. Email Address	b. Account Code	c. Type			
			DURHAM BO		
☐ Email copy of report notices	1		ייטט יייטט		
I certify that the Committee is in compliance with all applic	cable provisions of Ar	ticle 22A	of Chapter 163 of the NC		
General Statutes and that no funds are commingled with pro-	ohibited or other non-	-disclosed	funds. I further certify that		
this report is complete, true and correct.	1, 1, 1 1	1	A -		
MARK WWAIIER MR	MUWED	le	7-5-22		
	gnature of Appointed Trea	surer	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 treasu			- •		
163 of the NC General Statutes.	and and subject to the	penanie:	s in Antiolo 22A of Chaptel		
MARK W WALLER MA	W Wall	le .	7-5-22		
Printed Name of Candidate	Signature of Candidate		Date		