Statement of Organization - Candidate Committee

Is this statement:					
New	, 🔲	Amended			

Use this form to create a new or update an existing candidate committee.

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1. Committee information					
a. Name of Committee (OMM HCC to Re-clect Denn' b. Mailing Address (include City, State and Zip Code)	is Paschal III	d.ID Number			
		e. Date Organized			
173 Somerset Dr. Reidsville	NL 27320	07/07/2025			
c. Committee Website (Optional)	CANAL PROPERTY AND	f. Phone Number			
		HWED.			
2. Candidate Information a. Full Name	e. Party Affiliation				
Robert Dennis Paschai III	JUL	0 7 2023			
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought Rockingh	am County, NC			
173 Somerset Dr. Reidsville, NC 27320	Wantworth Tow				
c. Phone Number d. Email Address		i. Jurisdiction			
314) 432-3631 rd pas chal 3@ gmail. cov	<u> </u>				
Email copy of report notices 3. Treasurer Information					
a. Full Name	4. Assistant Treasurer Infor a. Full Name	manul			
Robert Dunnis Paschal III		,			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, S	State and Zip Code)			
173 Somerset Dr.					
Reidsville, NC 27320					
c. Phone Number d. Email Address	c. Phone Number d. Email A	ddress			
396) 432-3431 rapaschal 3 @gmail.com					
Send report notices by email ** Yes \tag No	☐ Email copy of report notice				
5. Custodian of Books Information (Keeper of Records) a. Full Name	6: Account Information a. Financial Institution Full Name				
Robert Dennis Paschal III	State Employe	es GooditUnion			
b. Mailing Address (include City, State, and Zip Code)					
173 Somerset Dr. Reidsville, NC 27320					
c. Phone Number d. Email Address	b. Account Code c. Type				
576) 432-3631 rapuschal & @1mail-con	n Che	ckina			
☐ Email copy of report notices		(171)			
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.	1+0.11				
Robert D Paschalle KV	Will The	07/07/23			
Printed Name of Treasurer	Signature of Appointed Treasurer	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.					
Kobert D Paschill Kol	I Um bell	11 07/07/23			
Printed Name of Candidate	Signature of Candidate	Date			