

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	
Kathy Stanley Galvan for Stoneville Mayor			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
106 Watford Dr. Stoneville NC 27048		7-18-23	
c. Committee Website (Optional)		f. Phone Number	
		336 327-2537	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Kathy Stanley - Galvan			
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
106 Watford Dr Stoneville NC 27048		Mayor	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336 327 2537			
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
		RECEIVED	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
		JUL 19 2023	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
			Forsyth County, NC
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 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	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			
<p>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.</p> <p>_____</p> <p>Printed Name of Treasurer Signature of Appointed Treasurer Date</p> <p>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.</p> <p>Kathy Stanley-Galvan Kathy Stanley Galvan 7-19-23</p> <p>Printed Name of Candidate Signature of Candidate Date</p>			