Statement of Organization - Candidate Committee

Is this sta	atement:	
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.

This form must be accompanied by form CRO-530	00. An amended form is required for each new election year.
lk Committee information	
a Name of Committee	d. 1D Number
Tiefel & My Byrex	Low School Board
b Mailing Address (include City, State and Zip Code)	e Date Organized
319 NECULERA DAME	12/7/23
c. Committee Website (Optional)	f.Phone:Number
	336-552-7657
2. Candidate Information	
<u>2. Cantinate in vicination</u> a. Full <u>N</u> âme	e. Party Affiliation
Tall as unit	2
or cheer of the grides	Depullan
h Mailing Address (include City, State, and Ap Code)	f. Office Sought
319 Drawood NAWE	- Board of Education
The second secon	<u> </u>
ci Phone Number d. Email Address	g. Next Election Year h. Jurisdiction
336-552-7637 Viction 46	2000 Car 2024
□ Email copy of report notices	29/1140 PCBMI OV 1/
3. Freasurer Information	4. Assistant Treasurer Information
a Fûll Name	a. Full Name
Viction of McKinger	
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)
	An Artificial Control of the Control
)	· •
c. Phone Number d. Email Address	c. Phone Number d. Email Address
c.Phone Number d. Email Address	G. I Hone Printinger G. Ematr-Actic Co.
Send report notices by email Yes	No Email copy of report notices
SACON collians of Books Information (Keeper of	
a. Full Name	a. Financial Institution Full Name
	·
b. Mailing Address (include City, State, and Zip Code)	RECEIVED
	l V land long
	DEC 0.7 2023
c. Phone Number d. Email Address	h Account Code c. Type
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☐ Email copy of report notices	Board of Elections
I certify that the Committee is in compliance wi	rith all applicable provisions of Article 22A of Chapter 163 of the NC
General Statutes and that no funds are comming	gled with prohibited or other non-disclosed funds. I further certify that
this report is complete, true and correct.	
Mish on 1 Mak	Virtie T. M. Winner 12/7/23
Printed Name of Pleasurer	Signature of Appointed Treasurer Date
I certify that the information above is correct, and	nd I, as the candidate, appoint said treasurer to personally fulfill the
duties and responsibilities imposed upon the appo	ointed treasurer and subject to the penalties in Article 22A of Chapter
163 of the NC General Statutes.	
Printed Name of Candidate	Signature of Candidate Date