Statement of Organization - Candidate Committee

		1
Is this statem	ent:	FIVED
New [Amended	PEINED
	Amended	

November 2019

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

This form must be accompanied by form CRO-3500. A	n amended form is require	d for each new election	n year. DFC 1 8 2019	
1. Committee Information				
a. Name of Committee		d. ID Nun		
LANGER KE-Eliction (ammittae		Board of Elections	
b. Mailing Address (include City, State and Zip Code)		e. Date O	rganized	
10 tox 2045 Wash	orten UC 278	789		
c. Committee Website (Optional)	HOLO TOCOLA	f. Phone N	Number	
(Press)		(24-7-4) 1 (44-7) + 14-7	San Charles St. St. St. Charles St. Charle	
2. Candidate Information				
a. Full Name	e. Party Affiliation		Par Control Control Control Control	
TEOD: 1 1 1000 /20		00-		
UCKEY C UAY BIE	f. Office Sought	Usal		
b. Mailing Address (include City, State, and Zig Code)	i. Office Sought			
P.O. Bux 3045	and Advala	Admin son	0-180	
Washington north Woling		101111111111	onen.	
c . Phone Number d. Email Address	g. Next Election Year	h. Jurisdiction		
262-623-8584 LANCIES SOBOLO SUDOS IN	k nat		- 1	
☐ Email copy of report notices	,			
3. Treasurer Information	4. Assistant Treas	urer Information		
a. Full Name	a. Full Name		Claim 1.	
JBODY E. LANGET				
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (in	clude City, State and Zip	Code)	
P.O. Box, 3045				
Witshington, North Geolina 228	ह्य			
c. Phone Number d. Email Address	c. Phone Number	d. Email Address		
Nyari seni nagangi sangangan				
252-623-8584 LANG La Speake Sugues lal	ne			
Send report notices by email Yes I	No Email copy of		101	
5. Custodian of Books Information (Keeper of Reco		6. Account Information (incl. CRO-3500) a. Financial Institution Full Name		
a. Puli Name	a. Financial Institution	u Tun Tame	4-34	
b. Mailing Address (include City, State, and Zip Code)				
c. Phone Number d. Email Address	b. Account Code	c. Type		
Email copy of report notices				
*			160 64 216	
I certify that the Committee is in compliance with all				
General Statutes and that no funds are commingled v	vith prohibited or other non	i-disclosed funds. I ful	ther certify that	
this report is complete, true and correct.				
Printed Name of Treasurer	Signature of Appointed Tre	asurer	Date	
I certify that the information above is correct, and I, as	the candidate, appoint sai	d treasurer to personal	ly fulfill the	
duties and responsibilities imposed upon the appointed				
163 of the NC General Statutes.	1			
TROOM Elanlin	XIII. E La	incles 12	2-17-19	
Printed Name of Candidate	Signature of Candidate	THE THE	Date	

NC State Board of Flections