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

Ţ	this st			
凶	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.

**A Name of Committee **  **Michelle Down's County Commission of Shalling Address (include City, State and Zip Code)  **Description of Committee Website (Optional)  **Description of Committee Support of Committee Supp	This form must be accompanied by form CRO-3300. All amended form is required for each new election year.							
Michelle Odws, County Commission of B. Malling Address (include City, State and Zip Code)  D. Malling Address (include City, State, and Zip Code)  C. Committee Website (Optional)  C. Committee Website (Optional)  C. Committee Website (Optional)  D. Committee Website (Optional)  C. Committee Website (Optional)  C. Committee Website (Optional)  D. Committee Website (Optional)  C. Committee Website (Optional)  D. Committee Website (Optional)  C. Committee Website (Optional)  D. Committee South  Committee South  D. Committ	1. Committee Information							
12-5-19 1. Phone Number 2. Candidate Information 2. Candidate Information 3. Full Name 3. Full Name 3. Full Name 4. Full Address 4. Phone Number 6. Party Affiliation 8. Mailing Address (include City, State, and Zip Code) 7. Coffice Sought 7. Commissioner 7. Phone Number 7. Phone Number 8. Full Name 7. Phone Number 9. Next Election Year 9. Next Electi	and the second s							
12-5-19 1. Phone Number 2. Candidate Information 2. Candidate Information 3. Full Name 3. Full Name 3. Full Name 4. Full Address 4. Phone Number 6. Party Affiliation 8. Mailing Address (include City, State, and Zip Code) 7. Coffice Sought 7. Commissioner 7. Phone Number 7. Phone Number 8. Full Name 7. Phone Number 9. Next Election Year 9. Next Electi	h Mailing Address (include City State and Zin Code)							
Phone Number   A Party Affiliation   Party A	12453 Ruffulo Rd Clarence NV 23							
2. Candidate Information  3. Full Name  MICHIC PALL DANS  3. Mailing Address (include City, State, and Zip Code)  12453 Buffalo Pd (Layton, NC 23527  c. Phone Number  4. Email Address  91 Assistant Treasurer Information  3. Full Name  Lestine Am Bard Dupree  5. Mailing Address (include City, State, and Zip Code)  Mailing Address (include City, State, and Zip Code)  23 Av Stepnenson Road  Angier, NC 23501  Send report notices by email  CAYA RUHN PALL  Mailing Address (include City, State, and Zip Code)  Send report notices by email  A sell Name  CAYA RUHN PALL  Mailing Address (include City, State, and Zip Code)  Send report notices by email  A sell Name  CAYA RUHN PALL  Mailing Address (include City, State, and Zip Code)  Send report notices by email  Mailing Address (include City, State, and Zip Code)  Send report notices by email  Mailing Address (include City, State, and Zip Code)  Send report notices by email  Mailing Address (include City, State, and Zip Code)  Send report notices by email  Mailing Address (include City, State, and Zip Code)  Send report notices by email  Mailing Address (include City, State, and Zip Code)  Send report notices by email  Mailing Address (include City, State, and Zip Code)  Send report notices by email  Mailing Address (include City, State, and Zip Code)  Send report notices by email  Mailing Address (include City, State, and Zip Code)  Send report notices by email  Mailing Address (include City, State, and Zip Code)  A count Information  A count Information  Mailing Address (include City, State, and Zip Code)  Send report notices  C. Phone Number  A count Information fund. CR0-33000  A count Information  Mailing Address (include City, State, and Zip Code)  Send report notices  A count Information fund. CR0-33000  A count Information  Mailing Address (include City, State, and Zip Code)  A count Information  A count Information  A count Code  C. Type  Date  Mailing Address (include City,		1 3 / 1						
2. Candidate Information a. Full Name  C. Party Affiliation  Republican  Repub	c. Committee website (Optional)							
Party Affiliation   Party Difference   Party Affiliation   Party Affiliation   Party Difference   Party Difference   Party Difference   Party Difference   Party Difference   Party Difference   Party Affiliation   Party Difference	2 Con Piloto Information			7111-378-2018				
MICHELLE PACE DAMS  b. Mailing Address (include City, State, and Zip Code)  12453 BUFFA 10 Pd  COUNTY COMMISSIONE  c. Phone Number d. Email Address  g. Next Election Year h. Jurisdiction  2020 District  2020 District								
b. Mailing Address (include City, State, and Zip Code)  12453 Buffalo Pd  Clayton, NC 23527  C. Phone Number d. Email Address  g. Next Election Year h. Jurisdiction  2020 District \  Email copy of report notices  3. Treasurer Information  a. Full Name  Lesting Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. M								
12453 Buffalo Rd Clayton, NC 23527  c. Phone Number  d. Email Address  g. Next Election Year  h. Jurisdiction  2020  District \  Email Copy of report notices  3. Treasurer Information  a. Full Name  Lesting Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State and Zip Code)  D. Mailing Address (include City,								
C.Phone Number  c.Phone Number  d. Email Address  g. Next Election Year  2020  Di Strict  Email Copy of report notices  d. Assistant Treasurer Information  a. Full Name  Lesting Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  C. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State and Zip Code)  C. Phone Number  d. Email Address  c. Phone Number  d. Email Address  c. Phone Number  d. Email Address  d. Account Information (mal. CR0-3500)  Email Copy of report notices  D. Mailing Address (include City, State and Zip Code)  Send report notices by email  D. Mailing Address (include City, State and Zip Code)  Send report notices by email  D. Email Copy of report notices  S. Custodian of Books Information (Keeper of Records)  Email Copy of report notices  D. Mailing Address (include City, State, and Zip Code)  Email Copy of report notices  D. Mailing Address (include City, State, and Zip Code)  Email Copy of report notices  D. Account Information (mal. CR0-3500)  Email Copy of report notices  D. Account Code  C. Type  C. Phone Number  D. Email Copy of report notices  D. Account Code  C. Type  C. Phone Number  D. Account Code  C. Type  C. Phone Number  D. Account Code  C. Type  C. Phone Number  D. C. Small Address  D. Account Code  C. Type  C. Phone Number  D. C. Small Address  C. Phone Number  D. C. Small Address  D. Account Code  C. Type  C. Phone Number  D. C. Type  C. Phone Number  D. C. Small Address  D. Account Code  C. Type  C. Type  C. Phone Number  D. C. Type  C. Phone Number  D. C. Small Address  D. Account Code  C. Type  C. Type  C. Phone Number  D. C. Small Address  D. Account Code  C. Type  C. Type  C. Phone Number  D. C. Small Address  D. Account Code  C. Type  C. T								
c. Phone Number   d. Email Address   g. Next Election Vear   h. Jurisdiction	• •	County Commissioner						
Paragress   Para								
Email copy of report notices  3. Treasurer Information  a. Full Name  LSIL Ann Byrd Dupree  b. Mailing Address (include City, State, and Zip Code)  23 To Stephenson Road  Angier, NC 2350  c. Phone Number  d. Email Address  c. Phone Number  d. Email Copy of report notices  Send report notices by email  Yes  No  Send report notices by email  Yes  No  Email copy of report notices  S. Custodian of Books Information (Keeper of Records)  a. Financial Institution Full Name  CAYA RUHN  B. Mailing Address (include City, State and Zip Code)  Layou Ruhn  B. Mailing Address (include City, State and Zip Code)  Layou Ruhn  B. Mailing Address (include City, State and Zip Code)  Layou Ruhn  B. Mailing Address (include City, State and Zip Code)  Layou Ruhn  B. Mailing Address (include City, State and Zip Code)  Layou Ruhn  B. Mailing Address (include City, State and Zip Code)  Layou Ruhn  B. Mailing Address (include City, State and Zip Code)  Layou Ruhn  B. Mailing Address (include City, State and Zip Code)  Layou Ruhn  B. Mailing Address (include City, State and Zip Code)  Layou Ruhn  B. Mailing Address (include City, State and Zip Code)  Layou Ruhn  B. Mailing Address (include City, State and Zip Code)  Layou Ruhn  B. Mailing Address (include City, State and Zip Code)  Layou Ruhn  B. Mailing Address (include City, State and Zip Code)  Layou Ruhn  B. Mailing Address (include City, State and Zip Code)  Layou Ruhn  B. Mailing Address (include City, State and Zip Code)  C. Phone Number  B. Mailing Address (include City, State and Zip Code)  C. Phone Number  B. Mailing Address (include City, State and Zip Code)  B. Mailing Address (include City, State and Zip Code)  B. Mailing Address (include City, State and Zip Code)  B. Mailing Address (include City, State and Zip Code)  B. Mailing Address (include City, State and Zip Code)  B. Mailing Address (include City, State and Zip Code)  B. Mailing Address (include City, State and Zi								
3. Freasurer Information a. Full Name a. Full Name b. Mailing Address (include City, State, and Zip Code) b. Mailing Address (include City, State and Zip Code)  23 AV Stephenson Road Angier, NC 2350 c. Phone Number d. Email Address  919-524-1254  Lbyrdrn@aol.com Send report notices by email Yes No Email Email Copy of report notices 5. Custodian of Books Information (Keeper of Records) a. Full Name  CAYO RUHD POLL b. Mailing Address (include City, State and Zip Code)  5. Custodian of Books Information (Keeper of Records) a. Financial Institution Full Name  CAYO RUHD POLL b. Mailing Address (include City, State and Zip Code)  1. Cayo Ruhd Poll compared to the State and Zip Code)  1. Cayo Ruhd Poll compared to the State and Zip Code)  1. Cayo Ruhd Poll compared to the State and Zip Code)  1. Cayo Ruhd Poll compared to the State and Zip Code)  1. Cayo Ruhd Poll compared to the State and Zip Code (Compared Compared Code)  1. Cayo Ruhd Poll compared to the State and Zip Code (Compared Code)  1. Cayo Ruhd Poll compared to the State and Zip Code (Compared Code)  1. Cayo Ruhd Poll compared to the State and Zip Code (Compared Code)  1. Cayo Ruhd Poll compared to the State and Zip Code (Compared Code)  1. Cayo Ruhd Poll compared to the State and Zip Code (Compared Code)  1. Cayo Ruhd Poll compared to the State and Zip Code (Compared Code)  1. Cayo Ruhd Poll compared to the State and Zip Code (Compared Code)  1. Cayo Ruhd Poll compared to the State and Zip Code (Compared Code)  1. Cayo Ruhd Poll compared to the State and Zip Code (Compared Code)  1. Cayo Ruhd Poll compared to the State and Zip Code (Compared Code)  1. Cayo Ruhd Poll compared to the State and Zip Code (Compared Code)  1. Cayo Ruhd Poll compared to the State and Zip Code (Compared Code)  1. Cayo Ruhd Poll compared to the State and Zip Code (Compared Code)  1. Cayo Ruhd Poll compared to the State and Zip Code (Compared Code)  1. Cayo Ruhd Poll compared to the State and Zip Code (Compared Code)  2. Cayo Ruhd Poll compared to the State and Zip Code (Compared Co		2020	D					
a. Full Name  LOSINE Ann Bayed Dupree b. Mailing Address (include City, State, and Zip Code)  2 av Stephenson Road Angier, NC 2350\ c. Phone Number d. Email Address c. Phone Number d. Email Address  C. Phone Number d. Email Address  C. Phone Number d. Email Address  C. Phone Number d. Email Address  Send report notices by email A Yes No Send report notices S. Custodian of Books Information (Keeper of Records) a. Fill Name  CAYA RUHN PAU  B. Mailing Address (include City, State and Zip Code)  Leyrd Yn Qaol Com  a. Financial Institution Full Name  CAYA RUHN PAU  B. Mailing Address (include City, State and Zip Code)  Leyrd Yn Qaol Com  a. Financial Institution Full Name  CAYA RUHN PAU  B. Mailing Address (include City, State and Zip Code)  Leyrd Yn Qaol Com  a. Financial Institution Full Name  CAYA RUHN PAU  C. Phone Number  A. Email Address b. Account Code c. Type  C. Type  C. Type  C. Phone Number  C. Type  C. Type  C. Type  C. Phone Number  C. Type  C		4 4 14 47		. 49				
Lestife Ann Byrd Dupree  b. Mailing Address (include City, State, and Zip Code)  23 av Stephen son Road  Angier, NC 23501  c. Phone Number  d. Email Address  d. Email Copy of report notices  5. Custodian of Books Information (Keeper of Records)  a. Full Name  Caya Ruth Pau  b. Mailing Address (include City, State and Zip Code)  23 av Stephen son Road  Angier, NC 23501  c. Phone Number  d. Email Address  d. Account Information (incl. CR0-3500)  a. Full Name  Caya Ruth Pau  b. Mailing Address (include City, State and Zip Code)  12 av I Ruth Pau  c. Pau  c. Pau  c. Phone Number  d. Email Copy of report notices  b. Account Code  c. Type  Charles And Ruth Pau  c. Phone Number  d. Email Address  b. Account Code  c. Type  Charles And Ruth Pau  Control  Semail Copy of report notices  Legrify 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,  Printed Name of 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.								
b. Mailing Address (include City, State, and Zip Code)  237 Stephenson Road  Angier, NC 2750  c. Phone Number   d. Email Address   c. Phone Number   d. Email Address    199-524-1254   Lbyrdrn@aol.com   Email copy of report notices    Send report notices by email   Mayes   No   Email copy of report notices    Send report notices by email   Mayes   No   Email copy of report notices    Send report notices by email   Mayes   No   Email copy of report notices    Send report notices   D. Account Information (mol. CR0-3500)    a. Financial Institution Full Name   Family Road    CAVA RUHN PALL   Family Road		a. Full Name						
23 - V Stephenson Road Angier, NC 27501 c. Phone Number d. Email Address 919-524-1254 Lbyrdrn@aoi.com Send report notices by email Ves No Email copy of report notices 5. Custodian of Books Information (Keeper of Records) a. Full Name CAVA RUHN PALL b. Mailing Address (include City, State, and Zip Code) 12701 Buffall POAD CLOYTON, NL 27527 c. Phone Number d. Email Address plan- (VPALLE NCSU. edu) Email copy of report notices  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.  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.		b. Mailing Address (include City, State and Zip Code)						
Angier, NC 2750\ c. Phone Number								
Send report notices by email Yes No Email copy of report notices  5. Custodian of Books Information (Keeper of Records)  a. Full Name  CAYOR RUHN PAUL  b. Mailing Address (include City, State, and Zip Code)  12701 Buffald PAA  CLAYOR, No 27627  c. Phone Number d. Email Address  plant copy of report notices  b. Account Code c. Type  (No pape Non Code)  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.  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.								
Send report notices by email Yes No Email copy of report notices  5. Custodian of Books Information (Keeper of Records)  a. Full Name  CAYOR RUHN PAUL  b. Mailing Address (include City, State, and Zip Code)  12701 Buffald PAA  CLAYOR, No 27627  c. Phone Number d. Email Address  plant copy of report notices  b. Account Code c. Type  (No pape Non Code)  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.  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.	Angler, NC 21501	- Di N	a 1718 A d.d.					
Send report notices by email Yes No Email copy of report notices  5. Custodian of Books Information (Keeper of Records)  a. Full Name  CAYON RUHN POLL  b. Mailing Address (include City, State, and Zip Code)  12701 BUHGald POAD  CLOYON, No 27527  c. Phone Number d. Email Address  Email copy of report notices  b. Account Code c. Type  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.  Printed Name of Freasurer  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 Chapter 163 of the NC General Statutes.		c. Phone Number	d. Email Address					
5. Custodian of Books Information (Keeper of Records)  a. Full Name  CAVA RUHN PAU  b. Mailing Address (include City, State, and Zip Code)  12701 BUFFAID PAU  C. Phone Number  d. Email Address  c. Phone Number  d. Email Copy of report notices  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.  Printed Name of Freasurer  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.	919-524-1254 Lbyrarn @ aoi. com							
a. Financial Institution Full Name  CAYA RUHN PAUL  b. Mailing Address (include City, State, and Zip Code)  1270   Buffalo PAA  CLAYON, No 27527  c. Phone Number   d. Email Address   b. Account Code   c. Type    Glay   Email copy of report notices    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.  Printed Name of Treasurer   12-13-19    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.								
Enail copy of report notices  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.  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.								
b. Mailing Address (include City, State, and Zip Code)  1270   Buffalo Food  Clayton, No 27427  c. Phone Number   d. Email Address   b. Account Code   c. Type  919   Creatify 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.    Creatify 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.								
Cayton, No. 27527		rs bank						
C. Phone Number d. Email Address  G. Type  G. Phone Number d. Email Address  G. Type  G. Type  G. Type  G. Phone Number d. Email Address  G. Type  G								
Email copy of report notices  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.  Signature of Applinted Treasurer  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.								
Email copy of report notices  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.  Printed Name of Treasurer  Printed Name of Treasurer  Signature of Appointed 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.	· · · · · · · · · · · · · · · · · · ·							
Email copy of report notices  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.  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.		b. Account Code	c. Type					
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.		-	Check	ina				
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.  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.	Email copy of report nouces							
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.	General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that							
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.	12-13-19							
duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.								
163 of the NC General Statutes.								
I TOUT OF THE TOUT								
Printed Name of Candidate Signature of Candidate Date	Printed Name of Candidate	Signature of Candidate		Date				