Hilly Amendment Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee. This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only pressubspit if applicable). 1. Committee Information . Full Name Mailing Address (include City, State and Zip Code) Candidate's Primary Committee 2. Candidate Information a. Full Name e. Candidate ID Number f. Party Affiliation (Indicate Non-partisan if applicable) . Mailing Address (include City, State, and Zip Code . Office Sought . Phone Number h. Next Election Year Email copy of notices 3. Treasurer Information 4. Custodian of Books Information a. Full Name a. Full Name b. Mailing Address (include City, State, and Zip Code) . Mailing Address (include City, State, and Zip Code) 3131 Stone Horest Dr W-S,NC 27105 . Phone Number d. Email Address . Phone Number d. Email Address prefer to receive notices by email ☑ Yes ☐ Email copy of notices 5. Assistant Treasurer Information Add 6. Account Information (incl. CRO-3500) . Full Name Remove a. Financial Institution Full Name b. Mailing Address (include City, State, and Zip Code) b. Purpose Phone Number d. Email Address Account Code d. Type

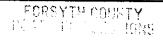
CERTIFICATION

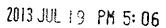
Email copy of notices

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are comminded with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.

Printed Name of Signer

gnature of Appointed Treasurer







441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director



Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

| FILED BY: | The state of the s |
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| Candidate Name: | Dense 1) Aduds |
| Treasurer Name: | Shirelle Stewart Riddick |
| Treasurer Address: | 3131 Stone Forest Drive |
| (include city, state, & zip) | Winston-Salau, NC 27105 |
| | |
| | |
| Treasurer Phone: | (336) 723.2573 /(336) 324-1745 |
| | |

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

Date Signed

Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.