Statement of Organization - Candidate Committee

Is	this	statement:	
	New	Ame	nded

Use this form to create a new or update an existing candidate	: committee	
This form must be accompanied by form CRO-3500. An ame	ended form is required for each	new election year.
1. Committee Information	The state of the s	now election jour.
a. Name of Committee		d. ID Number
AC Hengler for Lewisville Town Council b. Mailing Address (include City, State and Zip Code)	1	7CQ956 e. Date Organized
	0	
c. Committee Website (Optional)	<u>/023</u>	7/11/25
c. Committee website (Optional)		f. Phone Number
		757-319-0436
2. Candidate Information a. Full Name		
	e. Party Affiliation	
AC Hengler	Republican	
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought	
905 Limberlost Ln Lewisville, NC 27023 c. Phone Number d. Email Address	Councilman	
c . Phone Number d. Email Address	g. Next Election Year h.	. Jurisdiction
757-719-142/ 1-21-12 01 - 200 1/10		V/41
757-319-0436 henglerchery aginail.com	2625	LE S S
3. Treasurer Information	4. Assistant Treasurer Inform	and Said
a. Full Name	a. Full Name	nation
Ac Hengler	0))	(6)
b. Mailing Address (include City, State, and Zip Code)	h Mailing Address (include City St.	9 5
D. Ivianing Address (incidue City, State, and Zip Code)	b. Mailing Address (include City, Sta	
905 Limber ost Ln Lewsville NC27023 c. Phone Number d. Email Address		ldress
c. Phone Number d. Email Address	c. Phone Number d. Email Add	dress
757-319-0436 hengler cheyyognailean		
Send report notices by email Yes No	Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)	6. Account Information (inc	es ncl. CRO-3500)
	a. Financial Institution Full Name	CI. CRO-3000,
AC Hengler		
b. Mailing Address (include City, State, and Zip Code)		
905 Limberbst Ln Lewiville Nic 27023	I	
	b. Account Code c. Type	
70. 716 -11	b. Account Code c. Type	
Email copy of report notices		
Linear copy of report notices		
I certify that the Committee is in compliance with all applical	1.1- unevisions of Article 22A of	100 .cdNC
General Statutes and that no funds are commingled with proh	ole provisions of Afficia 22A of	f Chapter 163 of the NC
this report is complete, true and correct.	abited or other non-disclosed to	ınds. I further certify mai
10 11 1		1120
Printed Name of Treasurer		7/11/25
Printed Name of Treasurer Signs	ature of Appointed Treasurer	Date
I certify that the information above is correct, and I, as the cand	didate appoint said treasurer to	norganally fulfill the
duties and responsibilities imposed upon the appointed treasure	er and subject to the penalties in	Article 22A of Chapter
163 of the NC General Statutes.	T and beojest to	. Attion 2211 of Oliopies
At Henda	Comment of the commen	011.128
Printed Name of Candidate	Signature of Candidate	- 111 A)
	orginature of Camuluate	Date

Date



Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:	
Committee Name:	AC Hengler for Lewisville Town Council
Treasurer Name:	AC Hendler For I find whe Town Con it
Treasurer Address:	905 Limbar lost Ln
(include city, state, & zip)	Lewisville, NC 27023
Treasurer Phone:	757-319-0436

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

____ I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

7/11/25 Date Signed

Signature



Candidate Designation of Committee Funds
This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).
This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.
Candidata Nama
Committee Name: At Hengler Council Treasurer Name: At Hengler At Hengler
Treasurer Name: AC Hengle
If Candidate is own treasurer, designate an agent to carry out designations: Holli Hensey Committee ID #: 700956
Level Registered: [State] [County] If county, specify: Forsylv
I, Hereby direct that in the event of my death or incapacity all funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).
Name of Entity (Select from \$163-278.16B(a)) 1. Lewis ville Middle School 2.
3
By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

7/11/25

Candidate Designation of Committee Funds

Date:

CRO-3900