## DUE 7/20

## Statement of Organization - Candidate Committee

Is this sta	item	ent:	
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.

Tills form must be a	ccompanied by form CRO-3300. An ame	nded form is required	1 101 caci	Thew election year.		
1. Committee Infor	mation					
a. Name of Committee	d. ID Number					
Committee to Elect Wender Franz			93-2422-996			
b. Mailing Address (include City, State and Zip Code)				e. Date Organized		
42128	7-10-23					
4343 OldStONE DZ., HARRISDURG, NC 28075				f. Phone Number		
c. Committee Website (Optional)			F10 W10 Co. 75 (1980) 10 A TOP (1980) 10 CO.			
				704-515-3812		
2. Candidate Information						
a. Full Name		e. Party Affiliation				
WENDEZ	LF, FANT	UN ACCITATED				
	lude City, State, and Zip Code)	f. Office Sought				
S. Change at Sept.	2000, 000 pp 1	,				
12/21/10021	and all some	HARRED DO TOWN COUNTY				
c. Phone Number	d. Email Address	MALUCIONAL	h. Jurisdiction			
C. Phone Number	d. Email Address	g. Next Election Year		n. Jurisaiction		
704575.3812	FAUL FOR MARRISDURGEGMAIL			4		
Email copy of re		2023		HARRISHURG		
3. Treasurer Inform		4. Assistant Treasu	rer Info			
a. Full Name		a. Full Name				
Audul	2) 00 10					
Mailing Address (no)	L. MAIL	h Mailing Address (include City State a shifting (subs)				
b. Mailing Address (Include City, State, and Zip Code)		b. Mailing Address (include City, State and Cite (Arde)				
10902 Gre	envalc Drive					
Harrisbu	-9, NC 28075	JUL 2 0 2023				
c. Phone Number	d Email Address	c. Phone Number	d. Email A	Address		
(202) 222 000	audiey. ). danielse			CABARRUS COUNTY		
(252)327-05				BOARD OF ELECTIONS		
Send report no		Email copy of report notices  6. Account Information (incl. CRO-3500)				
a. Full Name	oks Information (Keeper of Records)	6. Account Information (incl. CRO-3500) a. Financial Institution Full Name				
d. I un Meme						
		UWHARRIE BANK				
b. Mailing Address (include City, State, and Zip Code)						
c. Phone Number	d. Email Address	b. Account Code	c. Type			
			21			
☐ Email copy of re	port notices	MF	CV	110King		
Linuii copy cr.	port notices	0011	0,	12011114		
Loartify that the Co	ammittee is in compliance with all applica	able provisions of Ar	tiale 22 A	of Chapter 163 of the NC		
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.						
this report is complete, true and correct.						
Audren L. Daniels Mudreto. Wowell 7/17/2023						
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.						
WENDELL + FAMT WIMCHELL + COUNTY 7/17/2023						
Printed Name of Candidate Signature of Candidate Date						