

# Statement of Organization - Candidate Committee

Is this statement:

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.

## 1. Committee Information

a. Name of Committee	d. ID Number
AC Hengler for Lewisville Town Council	7CQ956
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
905 Limberlost Ln Lewisville, NC 27023	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	Councilman		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
757-319-0436	henglerchevy@gmail.com	2025	LE
<input checked="" type="checkbox"/> Email copy of report notices			

## 3. Treasurer Information

a. Full Name	
AC Hengler	
b. Mailing Address (include City, State, and Zip Code)	
905 Limberlost Ln Lewisville NC 27023	
c. Phone Number	d. Email Address
757-319-0436	henglerchevy@gmail.com
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

## 4. Assistant Treasurer Information

a. Full Name	
Republican	
b. Mailing Address (include City, State and Zip Code)	
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of report notices	

## 5. Custodian of Books Information (Keeper of Records)

a. Full Name	
AC Hengler	
b. Mailing Address (include City, State, and Zip Code)	
905 Limberlost Ln Lewisville NC 27023	
c. Phone Number	d. Email Address
757-319-0436	henglerchevy@gmail.com
<input checked="" type="checkbox"/> Email copy of report notices	

## 6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name	
USAA	
b. Account Code	c. Type
BYAC	Checking

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.

AC Hengler  
Printed Name of Treasurer

Signature of Appointed Treasurer

7/11/25  
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.

AC Hengler  
Printed Name of Candidate

Signature of Candidate

7/11/25  
Date