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

Is	this sta	atem	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

1. Committee Information	stated form is required for each new election year.				
a. Name of Committee	d. ID Number				
LEWISVILLE POWN COUNCIL Campaigne TEALYE					
b. Mailing Address (include City, State and Zip Code)  e. Date Organized					
385 FORKIDGE July 23 2022					
c. Committee Website (Optional)					
NA	33/2 /26/1 8110 h				
2. Candidate Information	1004 600 43				
a. Full Name	e. Party Affiliation				
MACK HILERY WIDERTH	Democrat				
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought				
385 toxkwage Circle	Havis Ville Torreounce				
c . Phone Number d. Email Address	g. Next Election Year h. Jurisdiction				
336608-8437 WILDER 74 of John	o cem				
Email copy of report notices	2025				
3. Treasurer Information a. Full Name	4. Assistant Treasurer Information				
a. run iyame	a. Full Name				
b. Mailing Address (include City, State, and Zip Code)	Mack Billery alder				
296 ( 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	b. Mailing Address (include City, State and Zip Code)				
TO TOX KICKED TO	385 tox Redge arche				
c. Phone Number d. Email Address	c. Phone Number d. Email Address				
336 608-8432 4 VA DOD THEOLIGHT	336 6008 433				
Send report notices by email Yes No	Email copy of report notices				
5. Custodian of Books Information (Keeper of Records)	6. Account Information (incl. CRO-3500)				
a. Full Name	a. Financial Institution Full Name				
Mack Hillery Wilder the	Secu 3				
o. Mailing Address (include City, State, and Zip Code)	Some Common Comm				
LEWIS VILLE OF Z7023	23				
. Phone Number d. Email Address	b. Account Code c. Type				
30 608 8432 WILDEL 74 6 Valion	A CO				
Email copy of report notices	ABIZ CHECKIN =				
I certify that the Committee is in compliance with all applical	ble provisions of Article 22A of Chapter 163 of the NC				
General Statutes and that no funds are commingled with prob	nibited or other non-disclosed funds. I further certify that				
this report is complete, true and correct.					
MACK Hillery 4) USE OVER THOUSAND WOOD IN 11/23 71					
Printed Name of Treasurer Sign	ature of Appointed Treasurer Date				
certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the					
uties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter					
63 of the NC General Statutes.					
Where H WILDER # Wall	Wholever July 23, 2025				
Printed Name of Candidate	Signature of Candidate Date				



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## **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:	Lewisylle Town Council Cours
Treasurer Name:	Mary Hellderan
Treasurer Address:	385 Fax Rolge Linde
(include city, state, & zip)	Lewisuikle DC Z7023
Treasurer Phone:	336 608 -8433
until the end of the election expenditures during this elections and file required THIS DECLARATION CAN  I am withdrawing my Country of the file the next scheduled in	Certification to remain at or under the \$1,000 threshold. I will now be required report for all contributions and expenditures that have not been previously of the current election cycle. I further agree to file all future reports required.

Certification of Threshold

CRO-3600



**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. Candidate Name: Committee Name: Treasurer Name: If Candidate is own treasurer, designate an agent to carry out designations: Committee ID #: Level Registered: [State] [County] If county, specify: 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 Plan for Disbursement (eg. Amount or %) (Select from §163-278.16B(a)) 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. Signature of Candidate:

Candidate Designation of Committee Funds

Date:

CRO-3900