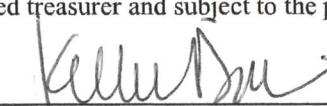
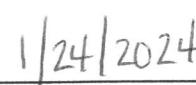


Statement of Organization - Candidate Committee

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 KELLIE DAVIS FOR EDUCATION			d. ID Number		
b. Mailing Address (include City, State and Zip Code) 3545 NIAGARA CARTHAGE RD, CARTHAGE, NC 28374			e. Date Organized 12/14/2023		
c. Committee Website (Optional)			f. Phone Number 910-295-6628		
2. Candidate Information					
a. Full Name KELLIE DAVIS			e. Party Affiliation REPUBLICAN		
b. Mailing Address (include City, State, and Zip Code) 3545 NIAGARA CARTHAGE RD CARTHAGE, NC 29327			f. Office Sought BOARD OF EDUCSTION DIST 4		
c. Phone Number 910-850-7955	d. Email Address		g. Next Election Year 2024	h. Jurisdiction COUNTY	
<input type="checkbox"/> Email copy of report notices					
3. Treasurer Information			4. Assistant Treasurer Information		
a. Full Name CAROL WHEELDON			a. Full Name		
b. Mailing Address (include City, State, and Zip Code) 50 LAKE FOREST DR, SW PINEHURST, NC 28374			b. Mailing Address (include City, State and Zip Code)		
c. Phone Number 910-295-6628	d. Email Address CWHEELDO2@GMAIL.COM		c. Phone Number	d. Email Address	
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Email copy of report notices		
5. Custodian of Books Information (Keeper of Records)					
a. Full Name CAROL WHEELDON			6. Account Information (incl. CRO-3500)		
b. Mailing Address (include City, State, and Zip Code) 50 LAKE FOREST DR, SW PINEHURST, NC 28374			a. Financial Institution Full Name FIRST BANK JAN 25 2024 RECEIVED		
c. Phone Number 910-295-6628	d. Email Address CHEELDO2@GMAIL.COM		b. Account Code A	c. Type CHECKING MOORE BOE	
<input type="checkbox"/> Email copy of report notices					
<p>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.</p> <p>N. CAROL WHEELDON</p> <p>Printed Name of Treasurer</p> <p> Signature of Appointed Treasurer</p> <p> Date</p>					
<p>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.</p> <p>KELLIE DAVIS</p> <p>Printed Name of Candidate</p> <p> Signature of Candidate</p> <p> Date</p>					