

# 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	
Kellie Davis for Education		
b. Mailing Address (include City, State and Zip Code)	e. Date Organized	
3545 Niagara Carthage Road, Carthage, NC 28327		
c. Committee Website (Optional)	f. Phone Number	
NA	910-850-7955	

## 2. Candidate Information

a. Full Name	e. Party Affiliation		
Kellie Davis	Republican		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
3545 Niagara Carthage Rd. Carthage, NC 28327	Board of Education District 4		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-850-7955	kelliedavisforeducation@gmail.com		
<input checked="" type="checkbox"/> Email copy of report notices			

## 3. Treasurer Information

a. Full Name	b. Mailing Address (include City, State and Zip Code)		
Kellie Davis	3545 Niagara Carthage, Road Carthage, NC 28327		
c. Phone Number	d. Email Address	e. Phone Number	f. Email Address
910-850-7955	kelliedavisforeducation@gmail.com		
<input checked="" type="checkbox"/> 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	b. Mailing Address (include City, State, and Zip Code)		
Kellie Davis	3545 Niagara Carthage Rd. Carthage, NC 28327		
c. Phone Number	d. Email Address	b. Account Code	c. Type
910-850-7955	kelliedavisforeducation@gmail.com		
<input checked="" type="checkbox"/> Email copy of report notices			

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.

Kellie Davis

Printed Name of Treasurer

Kellie Davis

Signature of Appointed Treasurer

12/18/2023

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.

Kellie Davis

Printed Name of Candidate

RECEIVED

Kellie Davis

Signature of Candidate

12/18/2023

Date

CRO-2100A

DEC 1 0 2023

NC State Board of Elections

November 2019

MOORE BOE