

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	RECEIVED		d. ID Number
COACH Z 4 SCHOOLS			
b. Mailing Address (include City, State and Zip Code)	DEC 9 0 2023		e. Date Organized
50 LAKE FOREST DR SW, PINEHURST, NC 28374			12/12/2023
c. Committee Website (Optional)	MOORE BOE		f. Phone Number
			910-295-6628
2. Candidate Information			
a. Full Name	e. Party Affiliation		
DONALD IGNATIUS ZAWLOCKI	REPUBLICAN		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
111 PINE BRAE LANE ABERDEEN, NC 28315	MOORE CO SCHOOL BOARD DIST V		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
260-610-4170		2024	MOORE COUNTY
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name	a. Full Name		
N. CAROL WHEELDON			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)		
50 LAKE FOREST DR SW PINEHURST, NC 28374			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-295-6628	CWHEELDO2@GMAIL.COM		
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	a. Financial Institution Full Name		
N. CAROL WHEELDON	FIRST BANK		
b. Mailing Address (include City, State, and Zip Code)			
50 LAKE FOREST DR SW PINEHURST, NC 28374			
c. Phone Number	d. Email Address	b. Account Code	c. Type
910-295-6628	CWHEELDO2@GMAIL.COM	A	CHECKING
<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>			
Printed Name of Treasurer		Signature of Appointed Treasurer	
		Date	
<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>DONALD IGNATIUS ZAWLOCKI</p>			
Printed Name of Candidate		Signature of Candidate	
		Date	