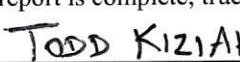
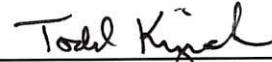
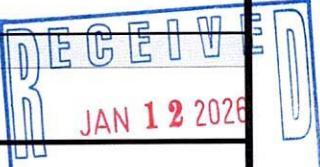
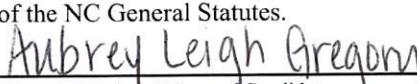
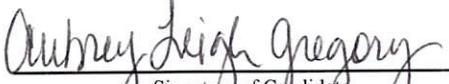
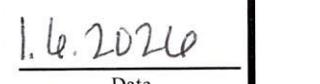


Statement of Organization - Candidate Committee

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		
Aubrey For Commissioner			
b. Mailing Address (include City, State and Zip Code)	e. Date Organized		
PO BOX 328 Claremont, NC 28610	12/18/2025		
c. Committee Website (Optional)	f. Phone Number		
	828-695-7024		
2. Candidate Information			
a. Full Name	e. Party Affiliation		
Aubrey Leigh Gregory	Democratic		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
PO BOX 328 Claremont, NC 28610	County Commissioner		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
828-695-7024	albwallace@gmail.com	2026	Catawba
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name	a. Full Name		
Todd Eugene Kiziah	N/A		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)		
PO BOX 328 Claremont, NC 28610			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-695-7024	tkiziah1@yahoo.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/A	N/A		
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<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> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  Printed Name of Treasurer </div> <div style="text-align: center;">  Signature of Appointed Treasurer </div> <div>  1/11/26 </div> </div>			
<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> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  Printed Name of Candidate </div> <div style="text-align: center;">  Signature of Candidate </div> <div>  1/16/2026 </div> </div>			



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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: Aubrey Leigh Gregory

Committee Name: Aubrey For Commissioner

Treasurer Name: Todd Eugene Kiziah

If Candidate is own treasurer, designate an agent to carry out designations: Karleigh Wallace

Committee ID #: _____

Level Registered: [State] [County] If county, specify: Catawba

I, Aubrey Leigh Gregory, hereby direct that in the event of my death or incapacity all
(Name of Candidate)

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 <i>(Select from §163-278.16B(a))</i>	Plan for Disbursement (eg. Amount or %)
1. OUTright Youth	100%
2. _____	_____
3. _____	_____

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:

Aubrey Leigh Gregory
1. 6. 2021

Date: