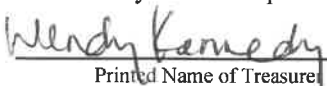
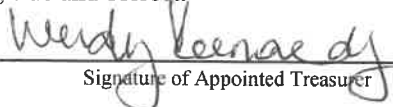
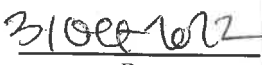


Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" type="checkbox"/> 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	
Kennedy for Commissioner			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO Box 146 Sherrills Ford, NC 28673		1/3/2022	
c. Committee Website (Optional)		f. Phone Number	
		704-237-0766	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Wendy Boulanger Kennedy		Democratic	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO Box 146 Sherrills Ford, NC 28673		Catawba Board of Commissioners	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-237-0766	kennedyforcommissioner@gmail.com	2022	Catawba
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Wendy Boulanger Kennedy		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
PO Box 146 Sherrills Ford, NC 28673			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-237-0766	kennedyforcommissioner@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)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
N/A		Blueharbor Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Account	
c. Phone Number	d. Email Address	b. Account Code	c. Type
		WBK2	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>    </p> <p> Printed Name of Treasurer Signature of Appointed Treasurer 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> _____ _____ _____ Printed Name of Candidate Signature of Candidate Date </p>			

