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: VOTE FOR VALERIE

d. ID Number:

b. Mailing Address (include City, State and Zip Code): 455 CAROLINA CIRCLE WS, NC 27104

e. Date Organized: 12/09/2023.

c. Committee Website (Optional):

f. Phone Number: 336 624 5115.

2. Candidate Information

a. Full Name: VALERIE LECOEUR BROCKENBROUGH

e. Party Affiliation: DEMOCRATE.

b. Mailing Address (include City, State, and Zip Code): 455 CAROLINA CIRCLE WINSTON SALEM, NC 27104

f. Office Sought: ~~COUNTY COMMISSIONER #5.~~ BOARD OF EDUCATION VB

c. Phone Number: 3366245115

d. Email Address: VOTEFOR VALERIEECCO@GMAIL.COM.

g. Next Election Year: 2026

h. Jurisdiction: AT-LARGE VB

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3. Treasurer Information

a. Full Name: JULIE HOJNACKI

b. Mailing Address (include City, State, and Zip Code): 139 Pebble Ridge LN Winston Salem NC 27104

c. Phone Number: 336. 972.4725

d. Email Address: julie@j3accounting.com

Send report notices by email ☐ Yes ☐ No

4. Assistant Treasurer Information

a. Full Name: N/A

b. Mailing Address (include City, State and Zip Code):

Amended

c. Phone Number:

d. Email Address:

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5. Custodian of Books Information (Keeper of Records)

a. Full Name: Julie Hojnacki

b. Mailing Address (include City, State, and Zip Code): 139 Pebble Ridge LN Winston Salem NC 27104

c. Phone Number: 336 972-4725

d. Email Address: julie@j3accounting.com

☐ Email copy of report notices

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name: TRUIST

110 S. Stratford Rd Winston Salem NC 27104

b. Account Code: 01

c. Type: Checking

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.

Julie Hojnacki — Printed Name of Treasurer

Julie Hojnacki — Signature of Appointed Treasurer

12/11/2023 — 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.

VALERIE BROCKENBROUGH — Printed Name of Candidate

Signature of Candidate

10/09/25.

12/11/2023. — Date