

# Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" 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.

a. Name of Committee		d. ID Number
Committee to Elect Brady Allen		01
b. Mailing Address (include City, State and Zip Code)		e. Date Organized
2065 Glenn Ferry Court, Pfafftown, NC 27040		12/17/24
c. Committee Website (Optional)		f. Phone Number
		336-830-3606

Amended

a. Full Name		e. Party Affiliation	
Brady Wayne Allen		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
2065 Glenn Ferry Court		Town Council Lewisville, NC	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-830-3606	electbradyallen@gmail.com	2025	Lewisville
<input checked="" type="checkbox"/> Email copy of report notices			

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2025 JAN -9 AM 11:17

a. Full Name		a. Full Name	
Brady Wayne Allen		NONE	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
2065 Glenn Ferry Court			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-830-3606	electbradyallen@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	

a. Full Name		a. Financial Institution Full Name	
NONE		Truist	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		01	Checking
<input type="checkbox"/> Email copy of report notices			

*BR*

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.

Brady Wayne Allen *Brady Wayne Allen* 12/17/24  
 Printed Name of Treasurer Signature of Appointed Treasurer 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.

Brady Wayne Allen *Brady Wayne Allen* 12/17/24  
 Printed Name of Candidate Signature of Candidate Date